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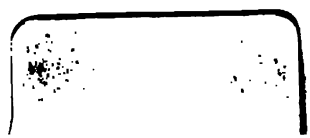

THE MONTHLY

HOMŒOPATHIC REVIEW.

EDITED BY

ALFRED C. POPE, M.D.,

D. DYCE BROWN, M.A., M.D.,

AND

A. S. KENNEDY, L.R.C.P. EDIN.

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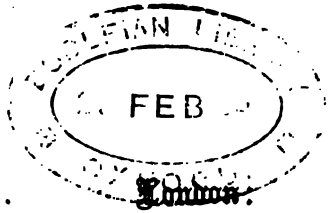

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THE MONTHLY

HOMŒOPATHIC REVIEW.

THE PAST YEAR.

THE inexorable march of Time brings us again to the threshold of a new year, and one step higher, let us hope, in our search after improvement and perfection. On such an occasion it has been our habit to pause and look back over the twelve months' track to note in a *coup d'œil* the various salient features of the way. Great thinkers point to earnest and careful consideration of the past as one of the chief means of improvement in the future.

The year 1882 has not been, perhaps, as fertile in great events as some of its predecessors, but generally speaking, the chronicle of events interesting to homœopaths has been up to the average.

We had not, as in 1881, the honour of an International Congress, and it may be many years before we can hope to welcome that august assemblage again to our shores.

The Annual Congress was held in Edinburgh, in June last, and although, perhaps, in numbers inferior to similar gatherings in former years, yet in point of meritorious work and scientific research the Congress of 1882 will rank high.

The Presidential Address by Dr. DRURY has already appeared in our pages *in extenso*. It formed a review of

the dawn of truth through the dark ages of medicine. He traced the various efforts which had been made by divers celebrated men in times past to elevate the study of medicine to the position of an exact science. He noted how, with few exceptions, all had failed, through not observing the pure effects of drugs. Pathology had done much, surgery had advanced with rapid strides, but it was reserved for SAMUEL HAHNEMANN to formulate the law of drug action, which has stood the test of more than two generations.

Dr. C. H. BLACKLEY'S paper, *On the Influence of Infinitesimal Quantities in inducing Physiological action*, appealing as it did to the reasoning powers of the advanced scientist, was a valuable contribution to our literature.

Mr. BUTCHER, of Windsor, and Dr. SALZER, of Calcutta, contributed very able papers on the Periodicity of Disease and of Drug action.

It is by papers such as these that a valuable literature must in the course of time be built up.

A testimonial was presented last spring to the Rt. Hon. Lord EBURY, of whom an admirable likeness had been painted by Mr. CYRUS JOHNSON for presentation to Lady EBURY. It may seem almost unnecessary to dwell upon the claims which Lord EBURY has upon the gratitude of homœopaths. Some of the most signal services, however, of the noble Lord were rendered nearly thirty years ago, and are, perhaps, not fresh in the minds of many of our readers.

Major VAUGHAN-MORGAN, in formally presenting the portrait, recapitulated in detail the various occasions on which Lord EBURY had acted as the knightly champion of homœopathy. In 1854, he was instrumental in preventing the smothering of the Parliamentary returns with regard to the Homœopathic Hospital, during the epidemic of

cholera; in 1858, homœopathy was within more measurable distance of being extinguished than it ever was before, or is ever likely to be again. An attempt was made to introduce a clause into the New Medical Act, whereby diplomas might be refused to students and withdrawn from medical men professing a belief in homœopathy. This was a most serious attack on liberty of thought and action in the practice of therapeutics. When brought to the knowledge of Lord EBURY, he succeeded, by his energetic action in the House of Lords, in obtaining the insertion of a clause which has been aptly described as "the Charter of the rights of homœopathy." If it were only for these two acts Lord EBURY well deserves the respect and gratitude of all homœopaths, present and future. But his Lordship has continued through a long and useful life to devote much of his energy and time to the furtherance of the cause which he has so much at heart.

The past year has been a fortunate one for the hospital, several large legacies having been received. An important project has also been inaugurated in connection with this institution, we allude to the new Nursing Institute. Success in hospital practice depends largely on careful and skilful nursing. The medical officer may diagnose and prescribe with the most exact care, but if the attendant be slovenly and forgetful, the case will often pursue a course the very reverse of that most desired. For a long time the nurses trained by the admirable lady superintendent of our hospital have taken a deservedly high place in the favour of our colleagues, and have been sent for in all directions to attend to private cases. Often, however, when a nurse has been sent for in a hurry, the reply has come that all the available staff are employed, thus compelling the employment of nurses unacquainted with homœopathy and often prejudiced against it. This state of things

induced the hospital authorities to consider whether the facilities for teaching nurses might not with great benefit be enlarged. About this time a house adjoining and belonging to the hospital fell vacant, thus placing the necessary premises at the disposal of the Board of Management. A special fund was opened with a liberal donation from our large-hearted friend, Major VAUGHAN-MORGAN, who is always to the fore in any enterprise for the benefit of the hospital or of homœopathy generally. We hope that our colleagues will help on this good work with all the influence they can command. The nurses hitherto sent out by the hospital have attained a high standard of efficiency, and we have every reason to suppose, that with more facilities for teaching, the medical staff and the lady superintendent will be able still further to raise the standard of excellence. We look upon it as a duty incumbent on all homœopaths to send for nurses to the hospital before sending to any other institute. By so doing they will enable the authorities to feel justified in the steps which have been taken to enlarge the staff.

A movement was initiated during the year to obtain some sort of a diploma or distinctive title, which might be conferred on such legally qualified practitioners as desired to indicate their competency in homœopathy. The original form suggested by our lamented colleague, Dr. WILLIAM BAYES, was that of the L.H. This title was, perhaps, a little unfortunate, in that it raised a considerable amount of adverse criticism and even friction amongst members of our body, who were otherwise in perfect accord with the promoters of the scheme. Several stormy meetings were held, which have been reported in these pages, and eventually the title L.H. was put aside. A scheme was then brought forward to form the London School of Homœopathy into a corporate body under the

authority of the Board of Trade. This scheme did not embrace the power of conferring any degree which would have the appearance of legally empowering the holder to practise. The letters proposed are F.L.S.H., and are simply to indicate that the holder has passed an examination in homœopathy, and is competent to practise it. Should this scheme be carried through, it will amply satisfy those of our colleagues who desire that those who practise homœopathy should give evidence of their knowledge of it. Not being compulsory, those who object to it can easily testify to that fact by not using the title. We should be sorry, however, if this matter were pushed so far as to strain the relations existing between the different sections of our body, who, although representing various shades of thought, are, we hope, at one in desiring the advancement of the law of similars.

Turning from our own land to distant shores, the most noteworthy event certainly was the inauguration of a bazaar and the laying of the foundation stone of the Melbourne Hospital by the Marquis of NORMANBY, the Governor of the Colony. In medicine, as in many other things, the Empire City of the south is equal to, if not in advance of, the old country. Homœopathy has long asserted its ascendency in Melbourne, and has at length given evidence of its vigorous growth by commencing the erection of a hospital on a large scale. The present Cottage Hospital is always full, and is quite inadequate to the demands made on its accommodation. Generous friends have come forward, and the legislature, in a spirit friendly to freedom, has nobly assisted the enterprise by granting a site and £2,000. The hospital, which, when finished, will contain 100 beds, is estimated to cost £10,000, and will be made as complete in sanitary and other details as modern architectural science can make it.

And this is in Melbourne, a colonial city of under half-a-million inhabitants, with only about a dozen homœopathic practitioners, whilst our vast metropolis, with its millions, and well nigh a hundred qualified homœopaths, supports but meagrely a hospital with only seventy beds, most of whose funds are absorbed in making the building safe and sanitary! Surely the comparison should stir up some spirit within our ranks. We believe that with a very little individual effort, a noble result might be attained, and we trust that the day is not far distant when we may chronicle the inauguration of a new hospital for the metropolis.

During 1882 allopathic absorption went on at a rapid rate. A large number of new remedies, or new uses of old ones, have been filched by allopathic purloiners and unblushingly put forward for the applause of the profession. A paper in the *British Medical Journal*, by Mr. E. Wood Forster, of Darlington, might almost equally well have been read before a homœopathic society. Homœopathic drugs, homœopathically selected and given in homœopathic doses, were employed. *Spigelia*, *digitalis*, *veratrum* and *aconite* form a very fair picture of homœopathic medication in heart disease. The elegant excuses for the administration of *aconite* in small dose is so amusing that we reproduce the extract:—

"As *aconite* embraced the kidneys and skin within its beneficial range, it was emphatically *the* remedy, and did not require the clumsy expedient of combining with it *spirits of nitre* or *potash acetate*, to effect that which it was quite capable of doing alone.

"The advantage of the single medicine is its simplicity, and its accuracy in operating *only* upon the diseased organ in therapeutic dose, which must be far removed from the physiological one. If a medicine have a special action upon a special organ

or part in health, so it would seem desirable and judicious to administer that particular remedy in disease of that same part which appropriates the remedy in health. But we must bear in mind, as a clinical fact, that the tissues in disease are much more sensitive and responsive to the action of a drug, so that the dose to be then therapeutic must be small."

And yet we have no doubt that this gentleman would refuse to meet an honest follower of the law of similars! We do not know whether amusement or contempt is uppermost in the minds of readers of the above extract.

Lycopodium, too, is a new discovery, as recent as July 1st, 1882; recommended by five gentlemen, too, some of whose names are strangely familiar: Drs. HUTCHINSON, BAYES, POPE, MEYHOFFER, and RICHARD HUGHES. The allopathic circular belauds its virtue in cases of flatulent dyspepsia, hepatic congestion, and irritation of the various mucous membranes.

These two instances suffice to show in a very marked manner the tendency of the profession to adopt our remedies and methods without any acknowledgment save abuse.

We have had great pleasure in drawing the attention of our readers to the activity of homœopathy in India. A new magazine, *The Indian Monthly Homœopathic Review*, has been inaugurated, published both in Bengali and English, the editor of which has taken up a platform of uncompromising and thorough homœopathy. Too much praise cannot be given to those who uphold the faith in a country where believers are so few and opposition so fierce.

Amongst the enterprises of the year must be noticed the charitable effort of some friends at Slough to provide a Convalescent Home for Children. This will prove a valuable adjunct to our hospital, and will enable many

little lives to be brightened, and perhaps restored completely to health. The present building will afford a home to six convalescent children, but it is hoped that sufficient help will be given to enable this number to be enlarged.

Amongst the additions to our literature last year, the most noteworthy come to us from across the Atlantic:—EADON, on *Medical and Surgical Diseases of Women*; *Insanity and its Treatment*, by WORCESTER; *The Human Ear and its Diseases*, by W. H. WINSLOW,—are all works which deserve a place on our bookshelves.

We have lost several colleagues by death during the year, and among them some whose names have long been identified with upright and consistent attachment to our therapeutics. The best known were Dr. EDWARD CRONIN and Dr. WILLIAM BAYES. We will not pause to say anything of the latter, as a full obituary notice appears in another part of this magazine. We will simply add, that we feel that it is long since homœopathy in England has sustained such a loss. We can ill afford to lose any of our number, and Dr. BAYES has for so long been a leader in the camp, always ready to plunge into debate or controversial fray, that we must all feel that we have indeed lost a friend. Even those who differed at times from Dr. BAYES in matters of policy were always ready to admit and admire his honesty of purpose and evident sincerity in every effort to benefit the cause of which he was for so many years a devoted adherent. Another who passed away from our midst was Dr. WIELOBYCKI, not perhaps so well known as Dr. BAYES, but equally regretted by those who knew him. Dr. GRAY, of New York, and Dr. KAY WHITEHEAD are lost to us, the latter whilst on the threshold of a career full of promise for the future

We hope that others may be encouraged to come forward and fill up the gaps thus made amongst us.

In conclusion we have much pleasure in thanking those who have contributed reports of cases to our pages. It is this portion of our work which we desire earnestly to see increased, and we trust that colleagues will support us by sending particulars of any cases of interest which may come under their notice. It is in this way that our *Review* becomes useful to the practitioner and attractive to the student.

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIC, ALSO CARDIALGIA.

What they mean, and their treatment according to homœopathic principles.

By Dr. Med. Bernhard Hirschel, Practising Physician at Dresden.

Sanstätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

Preface.

The present treatise, perfected after nearly ten years' labour, in conformity with Horace's wise dictum, "nonum prematur in annum," was opportunely ready for being given in for competition for the prize offered in 1863 by the central-verein of homœopathic physicians for a monograph of any disease, and was so fortunate as to be crowned with the prize by the unanimous vote of the judges, with a marked expression of approbation.

Far, however, from suffering himself to be dazzled about the importance of this work by this favourable result, the composer has rather the longer delayed to present it for publication, and only numerous honourable and pressing solicitations have been able to overcome his scruples.

The reader will, however, be disappointed if he expects to find an extension of the present diagnostic distinctions of the respective nosological forms falling under the idea of "magenschmerzen," although all has been done which by means of the present differential diagnosis for the definition of the respective morbid processes was possible.

We need not, however, expect that new provings of the medicines will have been instituted, or that the old ones should have been repeated, in order to extend or improve pharmacodynamics in relation to the nerves of the stomach.

Neither the one nor the other lies within the power and circumstances of the author—entirely devoted to private practice—(hospital physicians and professors have a larger field of labour)—neither does it lie in his design.

The endeavour of the composer was rather with regard to one form of disease, which had already offered itself to him for treatment in sufficient numbers in consequence of local relations, to clear up the prevalent obscurity in a pathological and therapeutic view, to show the predominant advantages of a method which amidst great difficulties of diagnosis keeps to the objective facts, and consequently proves itself as really exact; to pass in review the whole field of the abundant but much involved pharmacodynamic and clinical material; critically to clear up and thus, on the one hand, to throw aside the useless, on the other hand, to hold up to view the forgotten and neglected; and in conclusion, to arrange the indications chiefly founded on his own experience for all the forms of gastrodynia possible. In this way the author, as he hopes, has shown in a conclusive way the superiority of the homœopathic over the allopathic school, has settled the present standpoint of our clinical knowledge, theoretical and practical, and hopes to have contributed somewhat for the future enrichment of the science and art of medicine.

The author had originally before his eyes the neuroses, especially, the properly so called cramp in the stomach, as the object of his labour. But it soon became apparent, as he proceeded, that the separation of the other stomach pains for treatment was impossible.

The pathological portion, which drew into its department the most modern publications in literature, had to bring into clear light the difficulties of diagnosis, and clear up all the morbid conditions necessary to a differential distinction. The more difficult the diagnosis, the more

was the symptomatic objective procedure of homœopathy justified, which required diagnosis, but was not exclusively dependent on it. The comparison of the allopathic and homœopathic schools must admittedly more than once be taken into account, since the principal endeavour of the author was to bring into light the here remarkably clear differences in procedure of both.

According to the principles of homœopathy, which holds the whole Materia Medica open for all possibilities of the case, all medicines had to be noted in their relations to the stomach. This was done in two sections of the second division, with the use of the known sources of our Materia Medica, with the addition of all known clinical recommendations up to the year 1860, in which process reference was made to the original sources, as the text will show. The accompanying criticism of the author will show what is to be retained of these recommendations, and what rank, consequently, the medicine in question will for the future hold in gastrodynia.

The third division of the second part proceeds on the path of exclusion, in which it is of course left to the future to add a still greater number to the properly ordinary anticargialgics, and gives, from the author's standpoint, the special indications substantially according to his own experience.

In this way, while the physiological provings and clinical facts are the subjects of preliminary arrangement, each one is at liberty to form his own judgment on the arrangement of the composer. No one is bound by it, and in all eventualities the second division gives to the inquirer an abundant source of practical satisfaction when the medicines in ordinary use do not content him.

The last division gives a comparative examination of the medicines, and justifies thus the infrequency of the occurrence of the pure neuroses and the division given by the author into a nosological classification of the least confining character, as well as the necessary placing side by side of all the three categories, easily passing the one into the other, without which a clearness in the indications of the medicines for gastrodynia is not to be attained.

The index facilitates especially the finding of the medicine—a repertory of pains the author did not wish to

append, partly because it already existed in present larger works, and he who still finds it necessary for this text will easily and with great profit make one for himself.

Dresden, 30th August, 1865.

First Division.

Introduction, Historical and Literary.

The Physiological School and Homœopathy in their Different Apprehension of Cramp in the Stomach.

When the modern so-called physiological school reviews with self-consciousness its contributions, it will be obliged to confess that it has gathered laurels only upon the domain of the description and classification of disease, that the other great domain of medical knowledge, which, in fact, comprehends the others, the practical, which renders the healing-art possible, has been altogether neglected by it, partly designedly, partly without design. But all its excellent working upon that field conceded, it must, however, confess humbly the chasms which it has left there widely gaping.

We call to mind the proudest of all the acquisitions of modern times, physical examination, which shelters itself behind a thousand ifs and buts, and finally presents only a complement of previous diagnostic methods. We call to mind the doctrine of crases, which has undergone most Proteus like transformations, and is constantly running through new phases—the abundant hypotheses of cellular pathology; the physiological obscurity of so many phenomena at the bedside; the contradictory character of the appearances at *post mortems*, which one may consider either as changes occurring after death or as having occurred during life; the vacillation between the doctrines of dynamism and of materialism; also the mode of looking at morbid processes, &c., &c.*

But on going into particulars, the multitude of deficiencies will become so great as to overwhelm the unprejudiced with a "*horror vacui.*" We need only mention some diseases in order to direct attention to the confusion of ideas, to their obscurity, to the assumption of knowledge behind high-sounding names. What is

* See *Sten's die Therapie unserer Zeit.*, Sonderhausen, 1854.

pyæmia? One is already inclined to throw it overboard without respect. What is spinal irritation? One scatters to the winds this definition, this separation from organic changes. In what consists the essence of rheumatism? What are the constant and pathognomonic changes of the brain in *delirium tremens?* How define the idea of cholera? What has the new school done for the fixing of the nature of hooping cough? What in especial for the neuroses and neuralgias? The diseases of the spleen, of the pancreas, several diseases of the liver, gall stones (this latter disease is only to be distinguished from neuralgia hepatica by the passage of the stone), wait for indications of their presence in life. Albumenuria, its distinctive characterisation as a primary or secondary symptom. Diabetes mellitus, the indication of its place of origin. In short, life has so many questions to ask of the physiological school, that the best answer to make is to confine its pretensions to being an anatomical school, and thus express that its knowledge is greater in morbid appearances after death and in the organic results of disease than in the comprehension of life or the knowledge of the organic process before and during the disease.

No form of disease is so peculiarly adapted to make evident to us the low state of mind representing the limits of our present pathological knowledge so much as gastralgia. Even at the present time the conception of this disease has not yet been cleared up, to say nothing of being established. There float before us causal and consecutive, peripheric and central phenomena, confessedly side by side, or rather confusedly in a general stream for consideration. Functional and anatomical appearances are so confounded together that it becomes difficult, even impossible, to separate in a thesis the extremest poles of purely nervous and organic forms, and a great pathologist of modern times was obliged to confess that the proper diagnosis of cramp in the stomach was only possible by way of exclusion, thus only in a negative way.* It is confessed, then, that there exists no proper diagnostic mark of stomach-cramp, neither as regards the constitution of the affected individual nor the causal elements, nor the symptoms by themselves, nor the duration, permanence, or periodicity of the same, nor even, worst

* Wanderlich, *Handbuch d. Path. u. Ther.* Bd. iii., S. 121.

element of diagnosis though it be, that from the effect of remedies—*juvantia et lædentia*. It is disputed, moreover, whether the vagus or the sympathicus is the seat of this neurosis—and the question arises, not yet ripe for discussion,* whether the affected portion is to be found in the periphery, in the trunk at any part, or in the centre itself. A contention, however, in this relation not difficult, presents little practical interest, because it cannot be settled, and we must prefer to concede all possibilities. We are finally driven to the open acknowledgment that gastralgia may give rise to many diagnostic mistakes, and Wanderlich says: "A certain diagnosis of the same presents the greatest difficulties, indeed is altogether impossible. There exists no means of quite avoiding mistakes."†

This goes so far that even the discrimination between pure neuralgia and the deepest destruction of the stomach, as ulceration and cancer, is not always possible, especially at the beginning, and that even the diseases of the neighbouring organs, as the duodenum, the pancreas, and the liver, &c., may consequently be confounded with them. Even after the most rigorous examination and the most exact analysis of appearances the expected organic appearances will in vain be sought for in the dead body, or appearances will be found where they were not expected.

Why do we introduce this confounding, yet also striking confession here? Because we wish to draw the logical conclusions out of the differences of position of both therapeutic schools with regard to diagnosis (this will be more precisely laid down in the second part) which present themselves for practice in both camps.

In allopathy the totality of the symptoms is only a middle term in the diagnosis which in the choice of the medicine is quite overlooked; the diagnosis, the ideas, the antology is the principal thing. To this the doctor clings by means of indications always only of a general character, for which the medicines are selected only empirically and superficially, whose effects, often only accidental at the bedside, are altogether measured by vacillating authorities. It is conceded that the diagnosis is difficult, often impossible. What is the value of therapeutics in the cure of disease on

* Wanderlich, a. a. O.S. 121. † Wanderlich, a. a. O.S. 123.

such suppositions? No knowledge of the medicine, where is the diagnosis! and where no diagnosis, no indications!

Let us look from the side of the homœopathic school. We also strive after diagnosis. It also for us is an essential help, but it is not the first and not the only requisite. The collective appearances, the totality of the symptoms are our immediate concern, are our means for diagnosis. The indication for the medicine well-known according to their collective and qualitative actions on the healthy and diseased depends upon this. If a diagnosis is to be formed out of the symptoms, this is a great and unmistakable help and guarantee for the selection of the remedy. If it is not, then it is a middle term which in the extremest cases is to be dispensed with, because the objective facts stand out in its room, and according to these the choice of the remedy follows. Consequently in homœopathy the knowledge of curatives stands first, and indications always where there is diagnosis, and even where there is none.

Out of these differences arise the different results which both schools have to appeal to, especially in this form of disease. How many sick people are quickly and permanently freed from stomach-cramp, who under the old school have suffered in vain for years. Ask the annals of the least busy, of still young practitioners of homœopathy. Inquire of the dwellers in towns and in the open country, among all classes of the population, of the number of people suffering from stomach-pain cured by us. Yes, our results here are striking, because our practice is certain and abundantly supported. The old school, however, whirls round in a circle amidst their empirical medicines with a witless and factless *schlendrian*, at one time doing nothing and mainly looking on to see whether nature will not kindly come to its assistance, at another from day to day living with aimless palliatives, or storming away with the compelling force of their rich arsenal, to which the greatest doubter cannot deny action, even if he cannot see any curative result.

Yet, nevertheless, to recur to the knowledge of disease, the old school has some merits in modern times, in the giving out ideas and diagnosis, in comparison with that of the past. In this respect the spirit of the time and its ruling tendency displays itself. The old physicians, not having an anatomical basis, found it convenient to give to nervous affections the widest range. In especial they

saw cramp everywhere in pains in the stomach; but they did not treat it as an independent form of disease, but only occasionally with other diseases, as hypochondria, flatulence. From the commencement of the 17th century the term cardialgia began to appear frequently in special dissertations, as by Lojecius, *Diss. de Cardialgia*, Basil, 1607; Hettenbach, *De Oris Ventriculi Mordente Dolore*, Viteb, 1610; Crafft, Basil, 1621;* Sennert, Viteb, 1622; Kest., Basil, 1623; Brendel, Jena, 1630; Michaelis, Lips., 1636; Frederici, Jena, 1671; Glaser, Basil, 1672; Meusel, Ultraj., 1678; Meibomius, Helmst, 1679; Cranz, Giess., 1682; W. Wilmendingh, Leid., 1682; Camerarius, *Histor. Card. Sublatæ*, Tub., 1683; Wedel, Jen, 1688 and 1799; Albinus, Frankfo. ad Viadr., 1691; Langhans, Altd., 1694; Vesti, Erf., 1697; Huth, Argent, 1698; Suterus, Basil, 1699; Hucius, Groening, 1704; Sperlig, Viteb, 1704; Zehner Viteb, 1704; Rast, Regiom, 1713; Erythropel, Lugd. Bat, 1725; Schaperus, Rostock, 1720; Van der Does, Lugd. Bat, 1725; Ludolff, Erf., 1725; Viridet, Yverdun, 1726; Spiess, *De Doloribus Ventriculi*, Helmst, 1729. Fr. Hoffmann's *Diss. de Dolore Cardialgico*, Hal., 1731, must be mentioned as marking an epoch, as was to have been expected from so great a man, the famous materialist. At the same time appeared Jos. Stahl, *Diss. de Cardialgia*, Hal., 1731; and speedily following Vierthaler, *De Colico Ventriculi Spasmo*, Lugd. Bat., 1732; Alberto, *De Colico Ventriculi*, Hal., 1735; Wedel Jen., 1742; Juch, Erf., 1743; Scherff, *De Spasmo Ventri.*, Jen., 1743; Orth, Wirceb., 1750; Richter, Goett, 1751; A. Mueller, Vindob., 1762; Zagü, Lugd. Bat., 1765; Rolfinck, *Diss. Cardialgiæ Scrutinium Theoretico-practicum*, Jen., 1767; Ucroczy, Tymav, 1773; Luther (Buhle?), Erf., 1776; Tissot, Paris, 1780; Pardini, Vienna, 1783; Von Rossum, Lovan, 1784; Whytt, Lips., 1794; Caille, Lentin, Odier, Thilenius, &c., &c. Whilst here especial stress is laid on the nervous nature of the disease, it is to be remarked that Cullen, who yet attributed to spasm with atony the greater part in the formation of disease, and who in his nosology gave a special category to neuroses, together with pyrexia, kachexia, and local diseases, has confusedly sketched among each other cardialgia with digestive dis-

* Where the title is not given it is *Diss. de Cardialgia.*

turbances of a material character (*First Lines of the Practice of Physic*, Edin., 1777; Deutche, Leipzig, 1778).

Whoever wishes to inform himself of all that has appeared up to the present time will find this in the excellent dissertation by Wencesl, Trnka de Krzowicz, in in the Univ. Pestiensi, *Prof. Historia Cardialgia omnis ævi observata medica continens*, Vindol, 1785. A good German translation appeared at Leipzig, 1788. A similar work on the later contributions in this field Schmidtmann brought out, *De Augmentis, quibus medicina quoad pathologiam et therapiam Cardialgiæ sputio quinquaginta annorum locupletata est, in summa obs. prax. med.*, P. iii. c. 9, 1826. Compare Baldinger's *Neues Mag. f. Aerzte*, Bd. 13, St. 1. Under dissertations we may mention Class., Hal., 1790; J. Kaempf, Frankf., 1792; Behrends, Frankf., 1792; Seelmatter, Jen., 1795; Apel, Erf., 1796; Acrel, Upsal, 1797; Schlüter, Braunschweig, 1797: Scheidler, Giess, 1800; Wiesner, Viteb, 1802; Otto, Frankf., 1805; Marcot, *Essai sur le Cramp d'Estomac*, Paris, 1815; Dreyssig, Erf., 1817; Erdmann, Viteb, 1809; Bronner, Tub., 1811; Kerksig in Hufel, J., 1813; Chr. Vogel, Lips., 1820; Lobstein, Paris, 1823; Stiebel, Frankf., 1823; Haerling, Lips., 1827; C. Schneider, Pest, 1830. Besides, the text-books of pathology contain monographic treatises on diseases of the stomach. (We may mention here Maigne, Johnson, Münchmeyer, C. Schneider, J. Frank, Haase, Sundelin, S. C. Vogel, Jolly, Monneret, Langston, Vignes, W. Stamm, Arcangelo, Bleuland, Stones, Rees, Ratheau, Dunglison, M. Haller, Law, Graham, Bompard, &c., &c.) Cramp always appears in their articles with more or less obscurity, and mixed up with other forms of disease not belonging to it. An entire revolution, which went to the negation of neurosis, followed, through Broussais, who found not a small following, who struck cardialgia entirely out of the nosological system, and referred it to nothing more than a chronic inflammation or degeneration of the stomach. Against this anatomical tendency, already emerging at the commencement of the 18th century, for which, however, the broad basis of science of the new era failed, the defence of neurosis added no weight to the scales, through Caille, *Sur les Douleurs qui se manifestent à la region de l'Estomac, Mem. de la Société de Méd.*, Vol. 8, 1786; Odier, *von d. Antispasmod, Wirk d. Wismuthkalchs Journ. de Med.*,

T. 63, *Lentin* (*Beitrag z. ausub. Arznein.*, Leipzig, 1789); Thilenius (*Med.-Chir. Bem.*, Frankf., 1789); J. Koempf., *Enchina Med. cura Kortum*, Fres., 1792; Dreyssig, *Handwörterterbuch d. Med. K. L.*, Erf., 1807; also the less important treatises of Schlüter (*Ub. d. Magenkr.*, Braunschweig, 1797); G. C. Conradi (*Prakt. Bem. ub. a. beiden gew. Arten d. oi. in Hufel J.*, Bd. 4, St. 2, p. 20); *Der Artik. Cardialgia im Dict. des Sci. Med.*, T. 4 and 17 in the *Encyk. Wörterbuch d. Med., W., Bd.* 6, *vom J. J. Vogel, Neumaier, Boehme, Besuchet.*

At last in modern times it was left to act with more deliberation, inasmuch as in some respects more free from dogma. It sought for a more exact observation of the objective, and also made room for the functional element, precisely through the keeping apart in a more careful way of the anatomic material element, for securing to stomach pains their nervous character, and on the other hand, through a separation of the different morbid processes from these to throw much into quite new light (as gastritis, ulcer in the stomach), also to draw these into the circle of treatment while considering the diagnosis, and so far as it was possible within the above given limits to separate them and guard from confusion.

What in the first third of the present century was commenced and contended against by Bronner (Auteurieth), *Diss. d. neuralgia cœliaca Presid. Auteurieth*, Tub., 1811; Lobstein, *De n. sympath. et human. fabric. usu et morbis*, Paris, 1823; Stiebel, *Kl. Betr. z. Heilwiss*, Frankfort, 1823; Bruck, *Beob. u. Ans. üb. d. Heilkr. Driburg's in Hufel*, J., 1831; Johnson, *An Essay on Indigestion*, London, 1826, 6 auflag, 1829; J. P. T. Barras *Traité sur les gastralgies et les enteralgies, &c.*, Paris, 1827; A. F. Fischer, *ueb. d. Erk. u. Heil. d. Krank. d. M. mit bes. Berucks. d. Magenkrampes Nürnb.*, 1830—was carried out in still later times with greater results by Barlom, *Cyclop.* ii., 827; Parker, *The Stomach in its morbid states*, 1838, p. 52; Romberg, *Lehr. d. Nervenkrankh*, Berlin, 1840, 1. 103 to 127. Monnerer *Compendium*, iv. 256; Hirsch, *Spinal neurosen*, 300; Valleix, *Guide du Médicin*, v. 302.

Schoulein has excellently described some forms, but is not sufficiently comprehensive. His *Therapie* is, on the other hand, better than that of Wunderlich—*Hundb. d. Path. u. Therap. B.* iii., and, indeed, than that of H. E. Richter—*Grundriss der inner Klinik*, who praises all without excep-

tion. Joseph Frank's compilation presents a very industrious casuistry and study of literature. *Prax. Med. univers. præc.*, P. iii., vol. ii., s. 2, p. 868. It is clear that the newer compilations and treatises on the diseases of the abdomen and Manuals of Pathology of Bressler—*Kranks. des unterleibes Cunstatt, Henach*, 2 auflag. *Siebert. Bamberger in Virchow's Path. u. Therap.* Fuchs Numeyer, Franz Hartmann, Leubuscher, Verson, Ballard, Andral, &c., &c., make reliable references to this form of disease without adding exactly anything new.

CLINICAL CASES, WITH REMARKS.

By S. H. Blake, M.R.C.S.

(Continued from Page 682, Vol. XXVI.)

Case XVI.

Natrum Muriaticum and Sore Eyelids.

Not less interesting and equally important is the action of this powerful medicine, when the constitutional decadence takes the form of chronic inflammation of the eyelids, and the mucous membrane covering the edges of the tarsal cartilages. These cases are attended by shedding of the cilia, followed by deficient reparation of the lashes, or if renewed to a certain extent are only so to be again shed, or at the best are stunted and deficient in growth. Such a condition may often be greatly benefited by a course of *natrum muriaticum*. I have not used attenuations lower than the sixth; but that such a complete disunion or separation of the particles of *sodium chloride* should perform the work well, when "lower attenuations" would fail, or when the crude drug is taken contemporaneously with the treatment, appears to me to be only satisfactorily explained when compared with other therapeutic phenomena, by the supposition that the solutions of a range in concentration below a certain standard are rejected or eliminated by certain organs other than those which we intended the drug to act upon medicinally. Thus, as with most medicines in a certain concentration or density of solution, the drug is apt to be eliminated in mass as such by

vomiting, purging (as, for instance, a few grains of *calomel* in pill), and as again other densities may be eliminated by the kidneys, sweat, and very possibly by the liver, these organs are repeatedly making an effort to throw out the drug wholesale in such given density without permitting it under certain conditions to operate at all on the more remote tissues and organs. It is possible that there is a dosimetric range, which in this way corresponds for the drug and each organ relatively each to each. So the dose may come again to bear metrically on the organopathic arrangements of the economy.

I have observed the surplus of a medicine rejected in the pregnant state, yet sufficient has remained behind to effect great improvement of the symptoms of the patient. I will shortly record an instance of this, where *prussic acid* was rejected in this way from the stomach after the meal had been digested, just as if the economy required no more of the drug of such a density of solution as that employed. It must be considered that a given solution of any drug, which can be easily absorbed and taken into the circulation, is distributed throughout the blood current, all over the system, unless thrown out before it has time to reach the general circulation, by some intermediate organ or organs, as the liver, or intestinal and gastric mucous membranes and their secerning organs. Should the drug pass through these, it must of necessity be driven into every organ, and then if we get elimination by urine, sweat, saliva, or again by the liver or other secreting organs, we must conclude that the given density is so inimical to these organs that the elimination takes place as a result of its noxious presence in the organ so affected. It is a matter of common observation in provings and toxicology that concentrated poisons are ejected by purging, sweating, and so on, and that unless the more dilute attenuations are used and time be given, we do not get the required replies from the non-excretory organs, and the peculiar indicating symptoms, so useful in a homœopathic sense, are not obtained, and especially those symptoms which belong to the continued action of the drug upon the lymphatic glands, nerves, muscles and joints. To get these organs affected and their peculiar symptoms, we have to ascend higher in the scale of dilution, and exercise time and patience. So it is found that a single minute dose of a high potency,

say of *sodium chloride*, will produce, after absorption, a single and perhaps seemingly trivial symptom, such as a slight itching of the skin, soon passing away, or a twitching of a muscle, and is not repeated until another dose of the same potency has been given, when it may be more urgently or frequently repeated, and so the diseased state becomes gradually more improved. The continual dropping of water wears away the stone. Such considerations seem to point out that where a given density of medicine is kept circulating in a given space of time, that the effects resulting from its presence in this proportion to the volume of blood in the body, that actions are excited by the stimulus so supplied by this density in the organs separately and severally according to this receptivity for the substance so presented, partly according to the laws controlling absolute pathogenetic effects, and partly according to the receptivity induced by contingent pathogenetic sensitiveness (as by hereditary weakness of a given organ). The latter contingency may be present when an organ is hereditarily weaker, as when persons are born with tendency to disease in certain organs, *e.g.*, tendency to constipation, tendency to pulmonary phthisis, to gout, &c. It can hardly be doubted that such persons would be highly sensitive to the morbific influence of remedies capable of inducing disease similar to that to which they are prone; and these, I think, we are apt to call idiosyncrasies. True also is it that contingencies may arise temporarily or permanently from the various environments of life after birth, and by the habits of the patient, and so on, and this one might term an artificially induced susceptibility or post-natal idiosyncrasy. The difference of the effects of different densities is a subject quite distinct from the questions of differences produced with regard to solubility, and this again is distinct from capacity for absorption. Power or dynamism does not appear to be an easily understood appellation for these several varieties of capacity evinced by the various organs, according to its generally used meaning. Although we do in some cases speak of the power of a jug to hold water, we should rarely refer to the dynamism of a vessel; such a term would better apply to its friability than to its capacity of volume. Nevertheless, dynamism has hitherto been taken to apply to that therapeutic (curative) force, which implies also the conditional and special receptivity of each organ.

On January 28th, T. E., aged 17 years, a tall youth, full grown for his age, with fair curly hair and appearance somewhat strumous, presented himself for treatment of chronic sore eyelids. "The upper and lower lids of both eyes are red, yet not much swollen nor thickened." The lids present that tarsal rawness and almost complete absence of eyelashes, which is so frequently seen among the chronic cases attending the ophthalmic department. For the long period of "six years" these symptoms have continued, with very little improvement, but he has not been under homœopathic treatment. Eyelashes have occasionally appeared for a time, but in a very imperfect form, and have soon disappeared again. Eyes grey. Disposition not nervous. Temperament inclined to sanguine, though at present the complexion is pale, and he is weakly looking.

"The under lids are the worse, more sore and red than the upper, but without eczematous eruption." Edges of lids red and raw looking.

January 28th.—*Natrum mur.* 6 cent. gri. t.d.

February 4th.—He expresses himself as greatly better. The right eye is very much better; the redness in these few days has nearly all gone from it. The left eye also shows some improvement. The bright red sore appearance is much less to my own observation, and his general look of the face is healthier. Repeat medicine.

February 19th.—Is still further improved. Right eye nearly well. The eyelashes have just grown all along the upper lid, where there appears a uniform row of strong lashes, each hair about a fourth of an inch in length. This crop is the first of the kind for six years. He has had crops come out before, but never of such length and strong growth.

Left eye still further improved, but still deficient in eyelashes. General soreness diminishing. Ectropion less, and not noticeable now in right eye. The patient got so well that he discontinued treatment as cured, for after the medicine was repeated on this occasion he did not require to attend again.

Cases of this kind often tax the ingenuity of the physician to cure, sometimes even to ameliorate. It may be possible to improve the state for a time by local applications, and perhaps even temporarily stimulate the growth

of hairs by local applications, but the benefit so obtained is too often an evanescent one. It is more difficult to cure it by reaching the *fons et origo*. I have sometimes persevered for long with dilutions low and high of *hepar*, but although eventually getting some benefit, and the same with *sulphur* and *calcarea*, I have never noticed so immediate an improvement as took place in the instance related under this brief period of treatment with *natrum muriaticum*.

Hering gives us as indication: *Nat. mur.*: "Affections of the eyes maltreated with *lunar-caustic*;" also "Blepharitis: feeling of sand in the eyes, mornings."

Lycopodium.—Lids red and swollen, with painful soreness or discharge of pus, the lids being puffed out. Styes and pustules.

Calcarea C.—Lids red and swollen. Nocturnal agglutination; gummy by day. Smarting pain.

Sulphur.—Ulceration of margin of lids. Lids swollen, burning, smarting. Aggravation from bathing the eyes. Dryness in the room, lachrymation in the open air (*caust.* and *silica*). Agglutinated at night. Spasmodic closure in the morning. *Natrum mur.* has also spasmodic closure, and all these medicines may produce more or less itching and photophobia.

Causticum.—Constant inclination to rub or touch the eye to relieve a pressure in it. Lids feel heavy. Agglutination and lachymation. Like *sulphur*, dry in the room, worse in open air. Warts on lids.

Cistus.—Chronic strumous lids.

Hepar. — Inflammation, with soreness to the touch. Surrounded by small pimples. Lachrymation.

Sepia.—Redness, styes, dry scurf on lids, heaviness of lids on awaking, nocturnal agglutination (*sulphur*). Lachrymation mornings and evenings.

Silicia. — Blepharitis, with morning agglutination. Lightning-like flashes in the eyes. Tearing, shooting or stinging pains. Furuncles.

The symptoms of *nat. mur.* are elective in the right eye, but appear also in the left. The right eye of my patient began to improve before the left.

Case XVII.

Weakness with Chills cured by Natrum Muriaticum.

February 17th. Mary H., aged 42. Nervous temperament. Came under treatment for debility. Complexion pale and slightly sallow. Eyes grey. Face of a cadaverous appearance. Much weakness. Feels weak all over, and has become unable to follow her daily duties. "It is a trouble even to go upstairs." The menses are regular, lasting variably from four days to a week in duration, and moderate in quantity. Yellowish white leucorrhœa during the intervals very troublesome. Is chilly in the mornings, but is more especially so at noon-day. Has headache, pain in vertex and in temples. Does not observe cold sweats. The hands burn. At times the hands become sore and hot; at other times the hands are cold. *Nat. mur.* 6 c. gri. t.d.

February 24th.—Feels "much better," though still rather weak, and there has been some slight dull pain about the shoulder blades. She "has not felt the cold chills since taking the medicine" (a volunteered statement).

Provings of *nat. mur.* yield: "Chill predominates, mostly internal. The hands and feet icy cold from morning till noon. Chilliness over the back, beginning in the feet or in the small of the back. The heat is of brief duration, and if with headache is soon followed by sweat, sour, weakening, and increased by any exertion, yet relieving the headache and other pains. It is advantageous to refresh the memory with symptoms so special and peculiar as these.

The patient says, "she has not much to complain of now." Cured.

Compare *sepia* and *sulphur.*

Case XVIII.

Matilda C., æt 34. Commenced treatment April 5th. A pale, sallow, weak and thin woman, complaining of debility and "indigestion." "She has the sensation of a round ball lodged in the throat." Has aching pain between the shoulder blades. Sour eructations after food sometimes. Has cold chills, and often during the day

feels intensely cold, and the chilliness is followed by marked sweatings—hot sweats. There is pain too experienced all over the region of the stomach (referred chiefly to epigastrium). Dyspnœa especially on exertion. She has to work all day, and feels quite unfit for it. She is knocked up and very prostrate after any daily work. The sweatings during her work are very copious. The tongue not much coated, but very tremulous. Stools very costive, not moved oftener than every three or four days. The saliva in her mouth tastes "very salt," and a piece of "tough white fleshy" substance, as she expresses it, rises from the throat towards the mouth in the morning on rising, which she again swallows. She has a troublesome craving for food. *Natrum mur.* 12 c.

April 12th.—Feels much better. Repeat.

April 20th.—Complains of little else except the constipation, which is still troublesome; stool only every third day. Finding her so much improved in every way but for the constipation, I changed the medicine, and gave *sulphur* 3 t.d.

April 26th.—Less constipated, but the improvement not very marked. *Sulph.* 3x t.d.

May 3rd.—Much better. Repeat.

May 18th.—Some stomach flatulence, constipation, and sour risings. *Nux vomica*, 6 mornings and *lycopodium* 12 evenings.

June 7th.—Better of former symptoms, and nearly well. Repeat medicines.

Now nothing further is heard of this case until August 30th (more than two months), when she comes, after having taken a cold, with bronchitic symptoms and pain in the chest, for which she is treated, according to the usual indications, with *bryonia* and *mercurius*, until October 11th, when her case is entered as entirely cured of the cough, there being only a little easily detached sputum coughed up in the mornings. She felt in good bodily health, and was discharged so far well as not to require more than a few more doses of the last-named medicine. I quote the case chiefly in reference to the beneficial effects of the *natrum muriaticum*.

The improvement of general health is here again most

noticeable, in addition to the cessation of the ague-like symptoms, throat and stomach ailments, as well as the dyspnœa. Although, as was seen, the constipation alone did not so readily give way. Perhaps this had been long in existence. In this case we learn the use of *nat. mur.*, wherein it corresponds to the provings chiefly in the saltish taste of the secretions of the mouth (very marked symptom in this patient), with increased salivary secretion. "Throat dry, and hawking of transparent mucus. Feeling as of a plug in the throat." (This patient compared her sensation to that of a ball lodged in the throat.)

"Excessive hunger, canine hunger, yet with weak body and depressed mind." There may be, however, the reverse condition—anorexia. One can hardly believe that a reverse symptom of this nature could be dependent exactly on the dose. Probably it has other contingencies besides this, and so it may be as regards many other symptoms, which, as stated in contrast, appear as merely reverse conditions, but which may be in reality only different phases of a similar diseased action going on in one or in different persons. They can be only temporarily antagonistic.

"Longs for salt or bitter things." (Hering.) The marked tendency to sweats of *nat. mur.* is a peculiarly impressive symptom—even while eating, there is sweat on the face, and after food, eructations of acidity, heart-burn, palpitation; and bread and fat disagree, as also do acid things, and after eating, there is prostration. The appearance of the skin is sallow or yellowish.

The constipation of this medicine is from inactivity of the rectum, and the stool is hard; the dyscrasia often herpetic. Then again in the proving is noted the oppressed respiration and shortness of breath on walking fast. The unrefreshed feeling on rising in the morning, weakness of the limbs, and yet sensitiveness of the parts engaged in movement as if sprained, show us how the whole system participates in the malaise induced by this medicine. This, with the diurnal sleepiness, renders the patient incompetent to perform the daily round of work with ease and comfort, and the warmer the weather the more is this feeling of debility experienced.

When *nat. mur.* extends its action to chill, heat, and sweat, we find that the chill predominates and is felt all over to even inside the body; the extremities too are very

cold, and some sweat occurs on the soles in the axillæ and in the palms. The chill begins in the morning, and going on till noon, which is a long period for chill to last. Now the blood flies to the head, and then may occur a bursting headache, or flushes of heat may be noticed, and when the heat comes the headache only becomes worse, but is relieved, however, when the sweat breaks out. At this time the urinary deposit is red and sandy, and of a muddy or turbid appearance; and these attacks of ague-like symptoms are attended by the marked languor and the loss of flesh so common to the effect of *natrum muriaticum*. It may be interesting to enquire whether this pathogenesy of the drug be not the reason why sea baths judiciously employed, and especially hot salt-water douches, are so surpassingly efficacious in many of the very debilitated, especially young weak girls and persons recovering from illnesses. The sweats, moreover, when copious, are easily induced by any exertion, are sour, and are only weakening to the patient.

[Compare *merc.*, of which the sweat is mostly at night, and follows the chill which occurs in the evening; whereas *nat. mur.* has morning chill, and in the night the patient is rather heated and restless, and sweat is scarcely at all marked at night.]

These symptoms of *natrum muriat.* occur chiefly from sunrise to sunset, that is, they are diurnal. These symptoms show the adaptability of *nat. mur.* to cure the condition which existed in the case cited.

Lilienthal classifies *nat. mur.* under the class, "When the sweat prevails," and certainly sweats prevail and are very copious with *nat. mur.*, but to this we may add that the chill also is decided and prolonged. Again, the same author classifies for us medicines when the chill comes first and then the heat, or when the chills and heats alternate. There are many medicines for the varieties in sequence and degree of chill and heat or *vice versa*. Their name is legion. But if we exclude all but those devoted to chill and heat with predominating sweat, we have such a group as the following, to which likewise belongs the property which some cases may present, as was the case of the woman in the recorded case, where these symptoms alternate, or repeat themselves within a limited time, thus assuming an apparent alternation :—

Chills and heat followed by [sweat predominating].

Evening chill.

Bell.	Evening chill; heat very marked, continuous and not in flushes, burning dry heat, short copious sweat.
Bry.	Evening chill, worse in warm room than in open air; night and morning sweat with thirst.
Sulph.	Evening chill without thirst, also chill by day. Heat afternoon and evening, the feet cold or hot, with burning soles; puts feet out of bed for relief; flushes of heat. Chill every eighth day, or every one or two weeks.
China.	Chill preceded by palpitation, anxiety and hunger, without thirst; chill and heat alternates in afternoon, morning and night sweat with thirst.
Verat. a.	The chill alternating on single parts, soon passes into sweat which is cold and clammy. Evening heat, profuse sweat morning and evening or all night. Cold sweat worse on forehead.
Nat. mur.	Morning chills 10 to 11 a.m. Soon followed by heat. Sweat copious on least exertion.

It may be interesting here to observe that the *pulsatilla* symptoms under which is not noted so much tendency to alternate chill and heat, that the chilliness flits from part to part, occurs at 4 p.m. and evening. The heats are well pronounced with red face or with one cheek only red. The chill and sweat is one-sided, and the patient feels also chilly in the warm room (*bryon. alb.*).

And as regards *merc.* and *arsen.*, so like this group in two respects, they differ in this, that the heat and the chilly feeling are felt by the patient at the same time (heat occurring simultaneously with the chill). *Nux v.*, *merc.*, and *ipec.*, useful as they are for certain forms of ague, produce symptoms quite distinctive from those just referred to, as is well known.

ALLOPATHIC PROGRESS IN PÆDOLOGY.*

By Wm. E. Leonard, M.D., Minneapolis.

(Read before the Minnesota State Institution of Homœopathy, May 16th, 1882.)

The professor of clinical medicine at Hahnemann Medical College, Philadelphia, a few years since, used to warn the students against the encroachments and plagiarisms of the old school in therapeutic medicine. He said that a few years would find *all* homœopathic Materia Medica incorporated into allopathic text-books and teachings, and the same heralded as the legitimate offspring of "*Scientific Medicine.*" The warning he deduced from this statement was obvious—Hold fast to the faith that is in you, and see that no man steals your birthright. True indeed the prophecy, and true the warning! Witness its truth in such an authoritative and widely-consulted work as that of Edward Ellis, M.D., on *Diseases of Children* (Wm. Wood and Co., 1879). We learn from the book that the author was a pupil of Sir William Jenner, held responsible hospital positions in London, and now resides in New Zealand. This, the third edition of the work since 1869, seems replete with the spirit of success. In the author's preface we read: "How to detect disease is a thoroughly worked problem, but how to cure disease is one that has received too little attention from scientific physicians." [Vide first paragraph of Hahnemann's *Organon*. "The truth of this remark * * * * impresses itself more forcibly upon me every year that I practise my profession. Bleeding, blistering, setons, and issues are fast vanishing from view. With regard to some new remedies and methods referred to, I have had good opportunity of testing their practical value, and can therefore speak with some confidence respecting them." Let us review some of Dr. Ellis' "new remedies and methods," all most astonishing from an allopathic standpoint!

Aconite.—The National Dispensatory (1880), which includes the best of the British Pharmacopœia, states: "The virtues of *aconite*, in purely inflammatory affections and fevers, have not been supported by concurrent evidence." In spite of this dictum of authority our author finds *aconite* useful as follows: "For ordinary cold-catching in older

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children, if the cold be advanced feverish," with hot skin, frequent sneezing, etc., small doses of tincture, say half a drop in a little water every half hour, will speedily cause diaphoresis, diminution of fever, and general feeling of relief." The same treatment will cure sthenic croup (p 105), acute laryngitis (p. 109), pneumonia (p. 120), pleurisy (p. 124), endocarditis (p. 131), sore throat (p. 137), and quinsy (p. 139).

Under capillary bronchitis, the author finds it "convenient to mention a plan of treatment daily gaining ground in England and elsewhere, *i.e.*, by great vascular sedatives—*aconite* and *veratum viride*." He would use them for children "whose previous health has been good, and in whom the inflammation is acute and primary; and they should be given *as early as possible* in the course of the disease, in *small and frequently repeated doses*." Lo! how faithfully our author has studied Ringer, and yet how infrequently he acknowledges him!—only in one instance for *aconite*, under quinsy. (See p. 139).

Arnica.—Who taught Dr. Ellis to use it for hydrocephalus and for nocturnal incontinence of urine? (See p. 173).

Arsenicum. Advocated by Dr. Ringer, is of use for diarrhœa in children where the motions are semi-solid, but contain lumps of undigested food. Pity he could not be more accurate and look for the characteristic restlessness, thirst, and the more common green, mucous, offensive stools!

Argent. nitr.—Finds a use in chronic dysentery, on the authority of Trosseau; also in summer diarrhœa, and the diarrhœa of dentition: dose $\frac{1}{8}$ to 1-24 of a grain. "Especial indications (p. 145) are croupous deposits on the mouth and fauces; peculiar redness and smoothness of the tongue, and irrepressible thirst."—More individualisation than is common in allopathy!

Baptisia.—Five to ten drops of tincture (p. 181) is spoken of as an American remedy, a valuable antiseptic in typhoidal conditions, putrid sore throat, &c.

Belladonna.—Finds favour in Dr. Ellis' hands as an anodyne—of course—but also locally to control the excited heart's action, and internally after or during pericarditis, for the irritative cough and troublesome neuralgia pains. Better homœopathic indications for *belladonna* are in cases of *spasmodic* retention of the bile, where two drop-doses of

the tincture should be used, and also in incontinence of the urine.

We are told (p. 179): "*Belladonna* is, perhaps, the most valuable drug we possess against pertussis. It requires to be given cautiously. I have repeatedly seen the characteristic eruption thrown out, with dryness of the fauces and dilated pupils, from extremely small doses."—Sayeth Dr. Ellis.

Calc. phos—"Phosphate of lime" exceeds all remedies for the diarrhœa of tuberculosis, the dose being half a grain to a grain or two grains several times a day. The hypophosphates and phosphates are also of great value as constitutional treatment for phthisis.

Camphor.—Presents a novel use in "ordinary cold-catching," but one borne out by homœopathic provings. Dr. Ellis would employ small doses, repeated every hour or half-hour, for the "frontal fulness, coryza, &c., which led people to say—'I know I have caught a cold.'" *Camphor* would oftener cure the "sharp diarrhœa of infants," for Dr. Ellis, if he paid more attention to the concomitants of coldness, objection to covering, and other symptoms of collapse. The dispensatory recognises our author's use of *cimicifugin* in rheumatic chorea, but not his dose—half to two grains, in distinction to their twenty grains!

Conium.—Is used in chronic spinal irritation, but "there is some doubt of its efficacy."

Sulphate of Copper.—Has long been an allopathic emetic in croup, but here we find it recommended all through the disease in doses of from one to four grains, probably for the effects of the homœopathic *cuprum met*. The characteristic homœopathic action of *digitalis* on the heart, is carefully stated on the authority of such excellent imitators of homœopathy as Drs. H. C. Wood, of Philadelphia, and Sidney Ringer.

Gelsemium.—Has a use in tubercular meningitis and spinal irritation, as classed by Dr. Ellis among the "Eclectic Medicines" of B. Keith & Co., New York. The Dr. should read the first provings of *gelsemium* as filed thirty years ago among the theses of Hahneman Medical College, Phila. Under chapter 20, Hamamelis, in "Hering's Condensed," we read—"dysentery when the amount of blood is unusually large." This statement Dr. Ellis borrows (!) bodily (p. 149), but does not acknowledge any authority! Again we read (Ellis, p. 145), "In

mucous diarrhœa when stools are like chopped spinach and occasionally have a little blood in them, *ipecac.* is useful and tends to soothe the tenesmus commonly present; small and repeated doses act best." This excellent homœopathy is supplemented by the statement that the same drug, *ipecac.* is almost a specific in dysentery!

Creasote.—Is mentioned for phthisis to restrain secretion, for neuralgia, in chronic vomiting, etc., uses common in allopathy for fifty years and more, instances of their unconscious and unacknowledged homœopathy. The homœopathic use in diarrhœa of *merc. corr.* ("perchloride of mercury") is made as clear as in our own books by Dr. Ellis, on the authority of Dr. Ringer; dose, one grain in ten ounces of water, a teaspoonful every hour (p. 147)! The mineral acids are used most rationally, *i.e.*, for night-sweats in phthisis, in lienteric diarrhœa; *sulphurous acid* as a prevention of quinsy by inhalation, and *nitro-muriatic* in chronic disorder of the liver.

What homœopathist, if he chose thus to generalise, could use *nux. vom.* more accurately than as follows:—"The lassitude left after a cold, or a cold showing tendency to become chronic; in constipation to give tone to and increase the peristaltic action of the bowels, especially the rectum; as a tonic in gastritis; and in diarrhœa for slimy stools, mixed with blood." Instead of the ordinary *calomel* and grey powder for chronic liver troubles in children, Dr. Ellis recommends *leptandrin* and *podophyllin* half to one-sixteenth grains, twice or three times a week!

Phosphorus.—Of this drug Dr. Ellis says: "It would seem as if the profession had but recently awakened to the value of *phosphorus* in medicine." He quotes Dr. Wilson Fox as saying: "By *phosphorus* one more disease (leucocythemia) has been rescued from the list of the almost hopelessly irremediable; one-fiftieth to one-hundredth of a grain two or three times a day." A score of uses long known to homœopathy are also given.

We learn (p. 173) as follows: "*Rhus tox.* is a drug requiring further investigation; recommended and used in paraplegia, erysipelas, and fevers; should always be given with caution!"

Sanguinaria canad. is recommended in croup, the indications (strictly homœopathic) not being given.

These particular references to this standard book have been prolonged with the view of exposing the evident

homœopathy of the book. And yet see how the author evades any such deductions on his closing pages! Speaking of *aconite* (pp. 182, 183), he says that the tincture of the British Pharmacopœia serves him where the homœopathic third decimal yielded no results. And farther on: "I may just mention that *aconite* is of undoubted value in acute rheumatism; in fact it has long been used in this disease. The circumstance appears, to me, to destroy the homœopathic notion of its use. The inflammation of rheumatism differs materially from ordinary acute inflammations; to mention only one point, it exhibits no tendency to suppuration. According to homœopathic law, one remedy cannot be homœopathic to two different conditions. It is clear, therefore, that *aconite* cannot be homœopathic to both kinds of inflammation. I mention this matter because I have met practitioners who appear to have an objection to employ *aconite* lest it should be thought homœopathic treatment. Supposing that this objection were valid against the use of any means calculated to relieve suffering, the above consideration appears, to me, completely to remove it." Truly a learned exposition of the homœopathic law!—by one who, probably, never troubled himself to read the *Organon of the Healing Art*. Yet need we wonder at his disposition to thus "beat around the bush" when an open acknowledgment of his homœopathic bias would be detrimental to the acceptance of his book?

We must accept the fact that the old school will unscrupulously appropriate all homœopathic therapeutics as fast as they can be (privately) convinced of its truth, and will then arrogate to itself all claim of priority and originality. They cannot conquer us in a fair contest. Therefore the New York State Medical Society will hereafter consult homœopathists; the London Royal College of Surgeons will even admit legal homœopathists to membership! "The lion shall lie down with the lamb," but let the lamb be exceedingly vigilant lest sleep overcome him and the lion devour him! Finally, to quote from an editorial in the *Hahnemannian Monthly*, for March, 1882: "Arrogant as it may seem, we must consider ourselves the 'profession,' not in a pharisaical sense, but as the heaven-appointed custodians of the highest and foremost truths of therapeutic science, whose sacred interests we dare not even neglect, much less sacrifice to the behests of a

maudlin sentimentality. There never was a time in homœopathic history when watchfulness, and energy, and unity on our part were so imperatively demanded as now. We must be on the alert lest our wily opponents wrest from us our present high vantage ground, or betray us into inconsistencies which shall render us unworthy of further victories. We must extend and increase the number, the membership, and the efficiency of our organisations; we must secure more and better hospital experience; we must strengthen our colleges; we must encourage our literature, develop our fields of original research, and strengthen our individual influence in daily practice. Above all *we must stand together as one man*, hold fast the trust committed to us by the almighty Healer, and let no man take either Hahnemann's crown or ours."

WHAT SHALL HOMŒOPATHS DO WITH THEMSELVES?*

In the last number of the *Gazette* we considered the question which has troubled the allopathic mind for nearly three-quarters of a century, "What shall we do with the homœopaths?" Now we propose to look at the matter from our own standpoint, and see what are our opportunities, our duties, and our responsibilities; in fact, what we can do with and for ourselves. In the first place, then, it may not be amiss to review our past work and examine our present position.

The very announcement of a therapeutic law, where all before had been vague, uncertain theory, and changing, often senseless, practice, was the first step toward setting aside the false pathological notions then prevalent, as well as the pernicious methods which they gave rise to, including the heteropathic polypharmacy which the combined efforts of charlatans, old nurses, and "doctors" had concocted in the preceding three thousand years. That it was no easy task this century has proved. But to-day the great mass of the community, if not of the profession, rejoices in the setting aside and disuse of violent cathartics, emetics, sudorifics, anthelmintics, etc., etc., as well as of bleeding, leeching, blistering, and torturing generally.

* *New England Medical Gazette*, October.

Still all of this change was attended with the most violent contortions and circumgyrations, euphemistically called "currents and counter-currents in medicine."

We need not here recount the bitter denunciation and abuse which have been heaped upon those who, by faithfulness to this therapeutic law, have done so much to free the profession from its tangled maze and provide for it a simple reliable Materia Medica. We are still too much involved in the smoke and confusion of the contest to faithfully describe the work they have done; but we can certainly say that they have brought the whole profession toward the light. What we have accomplished for ourselves is more apparent. We need not speak of a Materia Medica revised, constructed in fact, each article singly, from aconite to zinc; of the careful study of every disease, and the therapeutic application of these remedies thereto; of the acceptance of the principles and practice of homœopathy in every country on the face of the globe; but we may profitably consider our own position in this country, and see how we may best benefit the profession by improving ourselves and using our opportunities to the greatest advantage.

After fifty-seven years of growth we have here more than 7,000 physicians, 11 medical colleges, 16 journals, 140 societies, 42 dispensaries, and 52 hospitals. Stephen Girard used to say that his first thousand dollars cost him more effort than all the rest of his fortune. Have we not already acquired our first "thousand dollars?" With the material and aid which we have at hand, and truth on our side, what may we not accomplish in the near future? For instance, let each one of the seven thousand homœopathic physicians exert his social and professional influence to that end, and how long would it be before our numbers would be doubled? Our colleges, which have done such excellent work, and never better than now, could at once be vastly strengthened and improved. But, in adding to our numbers, a regard to the quality secured is of the greatest importance. One man fitted for the profession, both by inherent and acquired qualities, by birth, by nature, by social position, by education, by thorough training, by personal effort, and by ambition, is worth a score of those who lack in these important qualifications. Then, too, these schools, which are carried on at so much personal sacrifice on the part of their several faculties, should

receive the appreciation and support of every member of the profession. There are physicians to-day having their sons educated at our colleges who, instead of sending in an extra hundred dollars to increase the library or museum, and which would add to the usefulness of the college, actually figure to get their tuition at a reduction, or even try to obtain it for nothing, because they are "members of the profession." Such a suicidal policy needs no comments.

Our journals, sixteen in number, last year published over eight thousand pages; and the books and pamphlets of our school probably exceeded that amount. Sixteen thousand pages annually certainly ought to be enough to tell all the good that is new in medicine. We cannot therefore complain of the quantity. But what of the quality? Is it all that it should be? Does it command our own respect and that of the educated physicians whose respect we should have? Can it be improved? Is it our duty to better it? These are personal questions, which every physician may well ask himself, and let his own reason and conscience faithfully answer them.

Our dispensaries last year administered to over one hundred thousand patients; and yet that in the whole year was only one patient in every five hundred of the entire population. We have cities with more than one hundred thousand, and many with more than fifty thousand, inhabitants, which do not possess a single place where the poor can be freely treated homœopathically. And yet in every one of these places energy and effort only are required, and the means would not be wanting to supply this need. Have we not duties in this direction—duties to the community, to the profession, and to ourselves?

Our hospitals have increased favourably in the past ten years. They number, so far as we know, fifty-two, have been erected at an estimated cost of three millions of dollars, and last year provided for fifteen thousand patients. This seems to be a grand aggregate; but when we consider that this gives less than one hospital, great or small, for every million of inhabitants, and that we have for the whole United States hospitals less in number, capacity and cost than is provided in the city of New York alone, we may well open our eyes and take in the extent and amount of work before us. Can we, with our opportunities, cope

with these necessities? To anyone who has tried it we need not say that it is a difficult matter to raise a thousand dollars for any hospital; and yet in the city of Pittsburgh last year one hundred thousand dollars were obtained for their homœopathic hospital; and a sufficient amount of well-directed work would do the same thing in every city of its size. It is estimated that over one hundred million dollars are annually contributed to charity in this country, a large share of which goes to hospitals. Can we not secure at least one per cent. of this for our hospitals? There are many men and women holding money in their hands to-day who would willingly devote it to the building and support of homœopathic hospitals and institutions, were there someone to properly organise and present to them a working plan; and what can be of greater value than the cultivation and application of that science which has rescued us from the torture and destruction of "old-school" medicine, and saved the lives and brought health to so many of our people?

Some of our associates seem to think that our work is nearly done, as a "sect in medicine," and that since the New York Medical Society has voted to allow its members to consult with us without incurring the penalty of expulsion, we should at once give up our principles together with all efforts for their promulgation.

During the late civil war, after hundreds of thousands of lives had been lost, and thousands of millions of dollars had been expended, there was a class known as "Copperheads," who got together and declared the war a failure, and demanded of the Government that it should acknowledge its error and proclaim the establishment of the Southern or Slave Confederacy. Fortunately no such thing was done. The ante-bellum condition could not be restored; still, more fortunately for us and for humanity, we can neither hesitate in our onward progress, nor can we return to the medical conditions precedent to the time of Hahnemann. No, with the courage of success we must each one press forward more earnestly and assume new and greater duties. There are yet contests and struggles in the future. The great truths which have carried us thus far will abide to the end. There must be no concession of principle, no compromise with error, no failure in progress, until the whole medical world acknowledges and adopts the heaven-born truths of homœopathy.

ACUTE NEPHRITIS.—URÆMIC CONVULSIONS.

By T. E. PURDOM, M.D., &c., Newcastle-on-Tyne.

A FEW notes from memory of the above case may be interesting in connection with Dr. Wolston's case, read at the Congress in Edinburgh. Not from any similarity between the two, but as an example of acute kidney mischief, where the cause was at first obscure, but soon became manifest.

On the 31st of August, 1881, I was sent for in the evening to see S. B., a boy about seven years of age. I found him in violent convulsions, in which he had been for some time. One or two medicines had been already tried, and for a short time *bellad.* and *cup. acet.* were given. During the previous year the same boy had had a very severe attack of convulsions, lasting three hours. On this occasion a surgeon had been controlling them by *chloroform* to some extent, but without any cessation of the fits. Ascertaining that he had been quite well previously, and that he had some currant buns to tea that day, I gave him a large injection of hot water and soap. There being no change, I repeated this a second and then a third time. After the third injection a quantity of currants came away, and the lad began to recover at once, and was soon quite sensible, having been convulsed for three hours, There was no return, and only slight brain symptoms for a few days afterwards. Remembering this attack of last year, and the parents assuring me there had been no illness in the house, I ordered a mustard pack. While preparing this I used some of the mustard and water for an injection.

Thinking there might be this time a similar cause at work, I fortunately persevered and gave three injections of the mustard and water, as much each time as could be retained. The convulsions began to abate, though nothing was passed this time, and soon he was quite sensible. He had been unconscious some three hours this time also. It was now noticed that his face and neck were swollen, more than the fits would account for. The cervical glands were found to be very much enlarged, and his face puffy. There had been no suspicion of scarlet fever, but I asked them to keep some of the urine in the morning. This I found to be loaded with albumen. Under the microscope there were numerous blood discs and renal tube-casts. There was considerable pyrexia, œdema of feet and ascites.

Urine scanty. The family had just returned from the country, and in cross-examination it was found that two or three of the others had complained of some itching of the skin, and that they had a slight rash. They were never really ill, and no special notice was taken of it. They heard of no fever near them. This boy had had some swelling of the glands for a few days before this attack, but was going about up till the day of this attack. Under *arsenic*, *canthar.*, *tereb.* and *ferrum*, he made a good recovery. Hot air baths were used a few times. It was some time, however, before the dropsy and the albumen had disappeared. Here is a case of very acute kidney disease rapidly developing, convulsions following almost at once; a great contrast with Dr. Wolston's case, where there were no convulsions at all. Here, too, the cause became very apparent. The swollen glands, dropsy, and slight history were enough to prove this was a case of post-scarlatinal nephritis. This was suspected for a time in the other case. The successful issue of this case was, I believe, owing to the repeated stimulating injections. My last year's experience led me to this. These not only cleared the bowels, but must have stimulated the flow of urine, thereby relieving the uræmia. My ignorance of the cause was rather a help than otherwise, for had I known, I would hardly have persevered with the injections. A pack, or internal medicines might not have acted so quickly. The latter, of course, could hardly be got into the mouth.

REVIEWS.

Doctor Burnett's Essays, containing Ecce Medicus, Natrum Muriaticum, Gold, Causes of Cataract, Curability of Cataract, Diseases of the Veins, Supersalinity of the Blood. Boericke and Tafel, New York and Philadelphia.

We have in the volume before us the several *brochures* which have been contributed to medical literature by Dr. Burnett. They appear in their present form at the request of the publishers, who have not, we are gratified at being able to state, taken advantage of the absence of any copyright treaty between this country and the United States of America, but have, as Dr. Burnett says in the preface, been "exceedingly generous" in their arrangements.

The Essays themselves have already, with one exception, been noticed in this *Review*. The exception is that on *The Causes of Cataract, with Suggestions as to its Prevention*. This was a paper read for the author by Dr. Park Lewis, of Buffalo, before the American Homœopathic Ophthalmological and Otological Society, at their meeting in Indianapolis last June.

In this paper Dr. Burnett takes as his basis that cataract is most frequently only a local expression of a general state. "The sclerotic change in the lens is," he argues, "of a piece with the state of the other tissues of the same individual at the same time." In other words, the perversion of nutrition which is apparent in the eyeball pervades the entire organism, though not demonstrable in other tissues. This peculiar perversion of nutrition, Dr. Burnett proceeds to show, may in *some* persons be induced by excessive indulgence in salt and sugar eating, and by drinking hard water. His explanation of this hypothesis is that given by Dr. W. B. Richardson, whose observations and experiments he refers to, viz., that "whatever soluble substance will increase the specific gravity of the fluids will" destroy the refracting power of the lens. The effect of eating daily considerable quantities of salt or sugar, or of drinking hard water, which necessarily contains various mineral substances in solution, is to increase the specific gravity of the fluids.

To remove a cataractous lens by an ingeniously devised and skilfully performed operation may be the readiest means of ridding a person of the most unpleasant consequence of the morbid condition of health into which he has lapsed—but it is not curing it. One of the first steps towards inducing physicians to endeavour to cure cataract, instead of cutting it out, is to enforce the doctrine that it is but a phase of a disease, not a disease in itself. The next is to study and point out the phenomena which indicate the presence in the person of an invalid of that morbid condition which leads on to an opaque lens.

In taking up this line of study, Dr. Burnett has done medicine a service; and though he has not advanced far in it at present, we have no doubt that he will at some future time present us with a body of observed facts which will throw much greater light upon the pathology of cataract than any we have at present.

We congratulate our colleague on the appreciation which his "chips fresh from the workshop" have met with among our brethren on the other side of the Atlantic—of which the publication of this volume by a leading firm of publishers is striking evidence.

Homœopathy: Its Principle, Method and Future. By ALFRED C. POPE, M.D., &c. London: Gould & Son. 1882.

WE merely here announce the publication in a collected form of the three lectures delivered at the opening of the Session 1881-2 of the London School of Homœopathy, and of a portion of the address with which the last Session of the British Homœopathic Society was brought to a close. They are designed by the author to present a succinct account of the homœopathic system of medication to those who attend the school for instruction in the details of homœopathic practice, and to assist in making the nature and advantages of homœopathy more widely known and appreciated.

NOTABILIA.

MELBOURNE HOMŒOPATHIC HOSPITAL.

LAYING THE FOUNDATION STONE.

THE foundation stone of the new Homœopathic Hospital, to be erected on the south side of the river Yarra, was laid on the 25th of July, 1882, by His Excellency the Marquis of Normanby. The site which has been taken by the Board of Management is situated between the Immigrants' Home and the Victoria Barracks, on the St. Kilda Road. A platform had been erected for the convenience of those who had been invited to the proceedings, and a very fine display of bunting was made, the flags having been kindly lent by Mr. William Morgan, Swanston Street. At two o'clock, the hour appointed for the ceremony, His Excellency, accompanied by Lord Hervey Phipps, was met at the entrance to the ground by the very Rev. Dean Macartney, the Mayor of Melbourne, Councillor Smith, vice-president, and a large number of members of the Board of Management. On arriving at the platform, the plans of the new building were exhibited to His Excellency by Mr. T. J. Crouch, the architect. There was a large assemblage of spectators present, including, in addition to those already mentioned, the Rev. Dr. Bromby, the Rev. Dr. Waugh, president of Wesley College; Mr. Graham Berry, M.L.A., Mr. F. T. Derham, Mayor of Sandridge; Mr. A. Morrah, Secretary of Lands; the Rev. John Turner, Vice-president of the Board of Management; the following members of the board:—Mr. J. S. Chambers, Mr. G. G. Crespin, Mr. R. Dickins, Mr. W. Elms, Mr. James Fletcher, Dr. Günst, Mr. J. Johnson, Mr. S. King, Mr. H. Mathews, and Mr. R. P. Vincent; the honorary medical officers, Dr. Robert Ray and Dr. J. P. Teague; the honorary surgeon, Mr. A. Murray; and the secretary, Mr. A. H. Padley.

Councillor SMITH, on behalf of the Board of Management, expressed his regret at the absence of the President of the Board of Management, his Honour Sir William Stawell, who was to have taken part in the proceedings. He thanked His Excellency for the honour which he had done them in coming to lay the memorial stone of the first homœopathic hospital in the southern hemisphere.

The Rev. Dean MACARTNEY having offered up prayer,

Councillor SMITH said that the Board of Management had drawn up an epitome of the history of the institution from its commencement up to the present day, and it was his intention to have read it. Considering the coldness of the weather and probability of rain, however, he would omit this part of the programme. The portion of the building which the board proposed first to erect consisted of the central block and the northern wing. The former contained accommodation for carrying on the business of the institution, the medical officers' and matron's quarters, and was also furnished with wards on the upper floors for cases which might require isolation. The northern wing would contain two wards, one for male and the other for female patients, each containing twenty-four beds. The kitchens, &c., would be provided in a building at the rear. In order to make this commencement some considerable difficulty had to be overcome. New systems and ideas had always been met with strong prejudices, and the new school of medicine was no exception to the rule. He believed he was not incorrect in stating that the Government of Victoria was the only one in the British Empire which had recognised that the two schools of medicine—allopathy and homœopathy—should be fairly and equally treated. Acting upon this principle, in 1869 the Government, of which Mr. Robert Byrne was Treasurer, made a grant of £150 to the institution, which had then been only initiated. Succeeding Governments had dealt in a similarly fair manner with the hospital in giving it a portion of the grant voted in aid of charitable institutions, and last year, in compliance with a request from the Board of Management, and other gentlemen interested, the late Government promised to place on the estimates a sum of £2,000 towards the building fund. With this, and something over £2,000 which had been collected from various sources, the board thought that they might fairly make a commencement. The portion of the building proposed to be built at present would cost something like £6,000, and it was hoped that if the bazaar, which His Excellency was to open that day, did not realise the balance, other contributions might be received, or a little further help might be obtained from succeeding Governments, so that the institution might start without being in debt. The system that had been adopted by the institution

was one of part payments. It had worked very well hitherto, and was superior to the system lately adopted by some charitable institutions, namely, that of charging a registration fee, which in most cases was a shilling, for each out-patient. According to the system pursued at the Homœopathic Hospital, inquiries were made into the means and position of the patients, who were required to pay what they could. This had resulted very satisfactorily. In 1880, 1,540 patients were treated, and they contributed £252, making an average of 3s. 3½d. each. In 1881, 1,756 patients were treated, and they contributed £340, or an average of nearly 4s. per head. The fact that such large sums were obtained, under this system, from the patients showed that it was superior to the registration system. In reference to the building, which had been designed by Mr. Crouch, he might say that it would contain, in its internal arrangements, all the modern improvements, and when finished, he was of opinion that it would be, if not an ornament, at any rate no disgrace, as one of the public buildings of Melbourne. He would conclude by asking His Excellency, on behalf of the Board of Management, to lay the foundation stone. (Cheers.)

A leaden box was then placed in a cavity under the stone. It contained, in addition to one volume of Dr. J. W. Günsts's *Homœopathic Progress*, the first report for 1869, the last report for 1881, and the daily papers, a parchment scroll containing the following information regarding the hospital:—

"This institution dates its commencement from a meeting of 'Homœopaths,' convened by circular, and held on the 30th October, 1869, to consider the best means of affording to the poor of the city and suburbs of Melbourne an opportunity of being treated according to the principles of homœopathy. The result of this meeting was the opening of a dispensary on the 22nd of the following month, at 153, Collins Street East.

"The same year the Government granted the sum of £150, and succeeding Governments have generously continued to assist. The management has always represented to the recipients of relief that they were expected to contribute, if able to do so, and the first annual report notices that the sum of £13 6s., made up of small sums, had been deposited in the collecting-box. The institution was continued as a dispensary, affording out-door relief only, until January, 1875, when it was considered advisable to enlarge its operations. After much deliberation, the premises at present occupied in Spring Street were secured on lease, and opened as a hospital.

"It will be noticed that while the very poor could avail themselves of the full benefits of the charity, the founders determined not to pauperise those who were in a position to contribute, and a system was inaugurated by which a small weekly payment

was required, or a declaration that the patient was unable to contribute. This system of partial payment has been found to work well, as no sick persons are refused treatment, whilst a wholesome restraint has been put upon those who would impose upon the charity, to the exclusion, perhaps, of the more necessitous.

"In the year 1875, efforts were made to secure a site for the hospital, and a piece of ground near the University was reserved by the Government for that purpose. The difficulties which presented themselves, however, in conducting such an institution, largely used by out-door patients, at that distance from the centre of the city seemed so insuperable that the committee were reluctantly compelled to defer the project, and a year or two later an exchange of sites was offered by the temporary reservation of a small piece of ground on the Eastern Hill.

"This site of the hospital was opposed by several of the residents and by the local health officer. It had therefore to be abandoned. In 1879 the committee were successful in obtaining the reservation of the land on which the hospital is now being erected.

"In closing this condensed recital of the operations of the institution, the committee desire to record their obligations to the successive Governments of Victoria for the substantial assistance rendered from time to time.

"The estimated cost of the portion of the hospital now commenced is £6,000. Of this amount, over £2,000 has been contributed, £2,000 granted by the Government, and it is hoped that, when another £1,000 has been collected, the Government will supplement the previous grant, and thus relieve the charity from debt."

The stone was then laid with the usual ceremony. The trowel which His Excellency used was presented to him by Mr. Smith, on behalf of the Board of Management. It was of solid silver, and bore a suitable inscription. It was from the establishment of Mr. Kilpatrick, of Collins Street, and the elegantly-carved design upon it represented a variety of Australian ferns.

His Excellency declared the stone well and truly laid (Cheers.) He would make his remarks very brief, as the weather was so inclement; but he could not help expressing his gratification at being present to lay the foundation of another of Melbourne's charitable and benevolent institutions. (Applause.) This city, he thought, could bear fair comparison with most cities in the world in regard to the number and efficiency of its various charitable institutions, and he trusted that this hospital would be the means of showing that the citizens of Melbourne were always ready to perform that great

Christian duty of succouring and helping the needy and sick. (Applause.)

Three cheers having been given for the Governor, and three for the Mayor of Melbourne, the first part of the proceedings terminated.

The following is a description of the building :—

The site on which this building is being erected has a frontage of 266 feet to the St. Kilda Road, by a depth along Grant Street of 279 feet. It has a similar or rather longer frontage to a road one chain wide separating it from the military barracks. The building when completed will occupy a frontage of 195 feet. The style is effective, although somewhat mixed, the Tudor predominating. The work commenced is the central or administrative block, occupying a frontage of 51 feet, and rising to the height of 50 feet from the ground, with a central tower 80 feet high, providing four floors including the basement, each having four rooms. On the principal floor are the board-room, matron's room, house surgeon's quarters, and store. The rooms in the upper stories are devoted to dormitories for the officers, and special wards for patients. At the rear of this block, and somewhat isolated, is placed another building, which will provide consulting and waiting rooms for out-patients, secretary's office, and dispensary for out-patients. Above it will be placed the kitchen and other necessary adjuncts, the servants' quarters being above this again. The remainder of the principal façade will provide four wards—two on each side of central block—each 72 feet by 25 feet, and 16 feet high. These dimensions give 75 feet square, and 1,200 cubic feet for each patient. The nurses, when on duty, will have retiring rooms and pantries. At each end of the façade will be square towers containing lavatories and bathrooms on one side, and closets, &c., on the other. The committee have already given considerable thought to these last-mentioned conveniences, and the system to be adopted, known as Oakman's, which is on its trial at the present hospital, has been found to be perfectly inodorous. The material to be employed in the construction of the building will be best dark bricks, with dressings of white bricks, and patent stone, specially made for this building. The walls and ceilings of the wards will be finished with the best Keen's cement, so as to prevent the absorption of poisonous matter, and throughout will be ventilated with Tobin and Doyle's vents, together with a system devised by Dr. Williams, of India, which has proved most effective in military hospitals. A noticeable feature in the design, which has not been adopted in either of the other Melbourne hospitals, is the provision of verandahs and balconies on the north and south fronts for the use of convalescent patients. These are approached by passages in the

towers, thus completely isolating the conveniences contained therein from the wards. By the arrangement to which attention is here called patients can have summer and winter airing grounds. In summer time they can enjoy the cool wind from the south, and in the spring the warm midday sun on the north. The cost of the works intended to be at once proceeded with will be over £6,000, and will give accommodation to between 60 and 70 patients. The total cost will be at least £10,000, and when carried out will furnish room for upwards of 100 patients. The contractor for the foundations of the central block is Mr. John Sallery, and the clerk of works, Mr. John Meek.

The Bazaar.

A bazaar in aid of the funds of the hospital was opened in the Town Hall at three o'clock in the afternoon. The Marchioness of Normanby was prevented by ill-health from carrying out her intention of performing the opening ceremony, and this duty was undertaken by His Excellency the Governor. On entering the hall he was met by the Board of Management, and led to the platform, Mr. David Lee meanwhile playing the National Anthem on the grand organ. A basket of flowers having been presented by a young lady to His Excellency,

Mr. S. King, Chairman of the Bazaar Committee, expressed his regret at the indisposition of the Marchioness of Normanby. The bazaar was instituted for the purpose of raising funds for the homœopathic hospital, the foundation stone of which had been laid that afternoon. On behalf of the lady stallholders, who had been most indefatigable in their exertions, he thanked His Excellency for his attendance on that occasion.

His Excellency, in opening the bazaar, said: Ladies and gentlemen, I must, in the first place, express to you the sincere regret of Lady Normanby that the state of her health renders it impossible for her to be here to-day. She has been long looking forward to attending and opening this bazaar, as she promised to do; but much as she regretted not being present, it was impossible for her to come, and, therefore, it will devolve upon me to take her place in declaring this bazaar open. The object of this bazaar is, as you all know, to raise funds for the erection of the homœopathic hospital, the foundation stone of which I have just laid. It is an object which I am sure must commend itself to the hearts of all those who have the feeling which was strictly inculcated upon us by our Saviour when on earth to succour the poor and needy and distressed, and to help those in need. We all know that among the medical profession considerable controversies have arisen as to which system of

medicine is the best. I own that, perhaps from prejudice or other causes, I am not a homœopath, but at the same time I know many who are, and who have great faith in the virtues of that system, and I also may say that I have known many cases in which friends of my own have derived very great benefit from the system. (Applause.) When we look back at the great changes which have taken place in medical science within the last century, it would be presumptuous for us to say that one system or the other is infallible. They may both have their advantages and their disadvantages, but at any rate it is but fair to let people have their choice as to the mode in which they wish themselves to be treated. (Applause.) I am old enough to recollect when, if you sent for a doctor, the standing prescription for most diseases was either the lancet or a blue pill. (Laughter.) Now, in these days, both of these means of cure have become very nearly exploded, and yet we find that the average duration of life has increased, and we see diseases cured which, in former days, were considered almost hopeless. Under these circumstances I think it is but fair that every man and every woman should have the choice of the way in which they may be treated; and I rejoice extremely to have had the pleasure of laying the foundation stone of the first homœopathic hospital which, I believe, has ever been built, not only in this colony, but in the whole of Australasia. (Applause.) I can only say that I wish it most heartily and sincerely success; and I pray that its advantages may result in comfort and health to many, and that it may long flourish and succeed. There is one point in the rules of this hospital which I especially commend, and that is the system of allowing those who have a certain amount of means to contribute to their support in the hospital—(hear, hear)—for while I think it is but right and just, and according to Christian principles, that every poor man who is unable to pay for his sick treatment should receive it gratis, I think it is degrading to those who have means to pay something, at any rate, towards their cure, that they should escape scot free. (Applause.) It may be little, it may be much, but what they can afford to pay they ought to pay. (Hear, hear.) And I go further. I especially commend this rule because it enables men or women who, though able to pay the whole expense of their cure, may find it better for them to be treated in the hospital than out of it, to avail themselves without scruple of the advantages of the institution. In every way that you look at it I think it is good, and I hope it may be found to succeed in practice. I will not detain you further, except to say that I saw in the scroll which at the foundation-stone was taken as read, that the funds already in the hands of the committee consist of £2,000 which has been collected, and £2,000 which has been given

by the Government. £2,000 is still wanting, and I see a hint thrown out that the committee think that, if they manage to get together £1,000, the Government will very likely supplement it with the remainder. The Government may or may not do this; but I cannot help expressing my feeling that I think it would be much more creditable, and much more satisfactory to the people of Melbourne, if they, instead of seeking Government aid for an institution of this kind, were to put their hands in their own pockets and subscribe the amount themselves. (Hear, hear.) And it is very easily done in a great city like this. What would it be per head of that portion of the population who could afford it? I hope those who are here present will consider the few words which I have said, and inculcate the principle among their friends and neighbours of endeavouring to do without Government aid. Government aid is very well; but in England we never think of it in connection with an institution of this kind, and I think it is a very good principle that these charitable institutions should be supported by voluntary contributions. If you carry it out, you will be well repaid by your own consciences, and the institution will succeed all the better. (Applause.) I have now to declare this bazaar open. (Applause.)—*Melbourne Argus.*

OBITUARY.

WILLIAM BAYES, M.D.

The announcement that Dr. Bayes has been suddenly removed from amongst us is one that will be read with very deep regret by a large circle of personal friends as well as by many professional colleagues. Returning to his residence in Brighton after an active day of work in London on the 8th ult., he called, after leaving the station, at a shop; there, while making a purchase, he suddenly fell, and on being raised, again fell, when it was found that he was unconscious. He was conveyed home at half-past seven, and after a brief interval of consciousness, soon followed by coma, died at half-past ten the same evening. He was seen during the latter period by Dr. Hughes and Dr. Sawtelle, both of whom remained with him to the end.

Thus, at a comparatively early age, has homœopathy lost an energetic advocate, a skilful practitioner, and a generous supporter. Thus has died one whose kindness, attention, and in many instances real devotion, were warmly appreciated by a very large number of attached patients.

William Bayes was the second son of Hirbell and Cordelia Bayes, of Lynn, in the county of Norfolk, where he was born on the 26th February, 1823. He received his early education in the town of Lynn, at the school of Mr. Beloe. About the

year 1838 or 1839 he was articled to Mr. Anthony Allinson, surgeon, who had recently succeeded to the practice of his uncle, Mr. W. J. Bayes. In due course he passed on to University College Hospital, where he spent three years, and in 1844 was admitted a member of the College of Surgeons. A year or two later, and he entered into partnership with Mr. Richard Phillips, a surgeon-apothecary, residing opposite the Angel at Islington, Mr. Bayes living in Lloyd Square. In 1848 he married a daughter of W. Nash, Esq. The work here was very laborious—a large general practice, involving due attention to medical, surgical, and obstetric cases, visiting and dispensing. Shortly after his marriage Mr. Bayes' health gave way, and he was warned by his friends that unless he removed to a warmer and more equable climate he would probably pass away in pulmonary consumption. Accordingly he went to Italy, where he remained for a year or two. In 1850 the Archbishop of Canterbury—Dr. Sumner, we believe—conferred upon him the degree of Doctor in Medicine. He returned to England in 1851 with his health much improved, and shortly afterwards retired from general practice, settling in Brighton as a physician. In 1853 he appeared before the censors of the college in Pall Mall, and was thereafter duly admitted an extra-licentiate of the college. Early in his career at Brighton, a vacancy occurring on the medical staff of the Brighthelmstone Dispensary, he was elected one of the physicians.

During the time of Dr. Bayes' residence in Brighton, he was subject to frequently recurring attacks of quinsy. On each occasion he was usually laid aside from professional duty for ten days or a fortnight. Homœopathy was at this period attracting a good deal of attention, and some of his friends urged him very strongly to put it to the test in his own case, the more so as it was obvious that the treatment he had followed with the advice of his professional friends had never been of much, if of any, service. After some deliberation he determined to try homœopathy when the next attack came on. Neither had he long to wait. He was soon again very ill and fully expected to be confined to the house for a fortnight, when he sent for Dr. Hilbers, who kindly ministered to him, and to his great surprise and pleasure he found himself able to be up and about in a couple of days. So rapid a recovery, so great a contrast to the illnesses of former times, made a great impression upon him, and he resolved, at once, to know more of the much-hated and ill-understood method called homœopathy. On resigning his appointment at the Brighton Dispensary, the Committee unanimously resolved—"That the best thanks of the meeting be presented to Dr. Bayes for the kind and efficient services he has rendered to this institution during the three years he held the

appointment of Physician in Ordinary, and that a copy of this resolution, signed by the chairman, be forwarded to Dr. Bayes."

At the Brighton Homœopathic Dispensary he made his first clinical study of homœopathy, aided by Dr. Madden. After devoting some time to the enquiry, and being fully convinced of the superiority of the new system, he resolved on spending his strength in practising it, and in propagating a knowledge of it. In 1856 he settled in practice at Cambridge, and published a small pamphlet entitled *Truth in Medicine, or a few words on Homœopathy;* it was an appeal to medical men to investigate the questions at issue. While at Cambridge he had a large practice amongst a wide circle of influential people both in the town and county and was the means of establishing a dispensary at which from 800 to 1,000 sick people were annually relieved.

In 1865, he was, with Dr. Pope, invited by the late Dr. Ryan to join him in editing this *Review*. To doing so he cordially assented; and during the following five years he added materially to its interest, and to its efficiency as means of cultivating and spreading a knowledge of homœopathy. Under the pressure of a large practice, involving frequent and long country drives, his never robust health gave way; and repeated attacks of influenza prostrated him so much that he felt it necessary to remove to a warmer and less damp atmosphere than that in which he was living. An opening presenting itself in Bath, thither he went in 1865. Here his popularity, both as a gentleman and a physician, was marked by the extent of his practice, and his social position in that gay city. It was here, too, that he met with an accident from the effects of which it is probable that he never fully recovered. One frosty morning his foot slipped on the pavement, and he fell with considerable force, the back of the head receiving a serious blow. Though not prevented by this occurrence from pursuing his usual duties, headaches became frequent, head-work was increasingly fatiguing, and evidence of considerable nervous waste was only too well marked. Complete rest or a more bracing climate were the alternatives presented to him by the medical friends he consulted. He chose the latter, and effected an exchange of practices with Dr. Holland, of Norwich, in the year 1868. His work here soon proved that rest was essential, and at the end of 1869 he transferred his patients to Dr. Roche, and went abroad for the winter. He returned to London much improved in health in the autumn of 1870, and early in the winter took a house in Brook Street, Grosvenor Square.

Here he established a lucrative practice amongst some of the most influential families in London, which was continually increasing, until he partially retired from it in 1879. It was during these nine years that the most important, and, we trust,

enduring part of Dr. Bayes' public work in the interests o homœopathy was accomplished. He now retired from editorial connection with this *Review*, and joined the external staff of the London Homœopathic Hospital—an institution in the prosperity of which he never failed to take an active interest, and to the funds of which he added materially by soliciting support from his wealthy patients, and also by contributing generously from his own resources. During his connection with the hospital he endeavoured, without success, to induce the subscribers to make the members of the staff *ex officio* members of the board of management; or, at any rate, to place some of its medical officers upon it. He retired from the medical staff in April, 1872, the rapid increase in his private engagements rendering the due performance of his hospital duties a matter of considerable difficulty.

In 1870, also, he published a useful practical volume, entitled *Applied Homœopathy; or Specific Restorative Medicine*, the value of which consists in the observations it contains of the uses of about 160 medicines, as noticed by the author in his own practice. In no instance is any attempt made to treat a drug exhaustively; it is simply a record of his personal observation. This is now out of print, and we believe that he had intended to have published a second edition, thoroughly revised, and considerably added to. That such a work would have been of great utility all who have studied the first edition will admit.

In 1875 Dr. Bayes was joined in practice by Dr. Matheson, who ultimately succeeded to his family practice. He now removed to Granville Place, and, with a larger share of leisure, became able to devote himself more thoroughly to the development of a plan for the public teaching of homœopathy, of the necessity for which he had for some time been thoroughly convinced. From this time his efforts in this direction never relaxed until the hour of his death.

During 1874 he had exerted himself to get a course of lectures on *Materia Medica* delivered by Dr. Hughes in connection with this hospital. Dr. Hughes' offer, having been presented to the board, was referred to the medical council, who advised the board to decline it. Dr. Bayes then brought the matter before the British Homœopathic Society, and a committee was appointed to organise a series of lectures. To the work thus done he referred with much satisfaction in the course of his address at the Congress over which he presided in Manchester during the following year. The volume of our *Review* for 1876 abounds in letters from Dr. Bayes, endeavouring to stir up his medical brethren, and all interested in homœopathy, to found a school. In July, 1876, appeared a well worked-out proposal for organisation from his pen. Long lists of subscriptions appeared each

month, chiefly, indeed almost entirely, the result of his persistent efforts. In 1877 came the dispute about the name of the school, then much discussion as to the propriety of the school paying to keep open a certain number of beds in the hospital for clinical teaching. Each year brought with it some cause of contention, Dr. Bayes' views on some points being warmly opposed by many of his friends. Notably was this the case in regard to proposals made by him in 1880 at the Leeds Congress, and in the endeavour, a little more than a year ago, to establish a licensing board in connection with the school which should confer upon successful candidates for examination the diploma of L.H. More lately he has striven to get the school incorporated; and his last public appearance amongst us was when he presided over a meeting of the governors of the school, at which it was resolved to apply for a charter of incorporation.

This is not the time to express a definite opinion either upon Dr. Bayes' policy or on his manner of endeavouring to carry it out. On both points the views of many of his best friends and the most earnest advocates of homœopathy differed widely from those he entertained and acted on. Who was right, time alone can decide. But all will, we feel sure, be agreed that his aim was, throughout, the advancement of the interests of homœopathy, believing those interests to be coincident with the interests of medical science and the public health; that in his efforts, strenuous and untiring as they were, he spared neither time, strength, nor money; that he was ever regardless of everything that, in his opinion, stood in the way of the progress of homœopathy. That he was too self-confident, too distrustful of the motives which prompted adverse criticism may be true; but that Bayes was single-minded in his devotion to homœopathy can never be doubted by anyone who has worked with him or known anything of his work.

That in establishing the London School of Homœopathy, Dr. Bayes had done a good work, one that met with the approval of a large proportion of his homœopathic professional brethren, that whatever errors he may have been led into in the controversies that had arisen out of it, his performance of this work had been characterised by undaunted energy, and by thorough disinterestedness, was amply testified to by the public dinner to which he was invited on the eve of his removal from London to Brighton, in 1881. It was an honour that had been abundantly earned, and one that was consequently thoroughly well merited.

At this time his health was much impaired; occipital headaches were frequent, and resisted every remedial measure, excepting rest. A few weeks of quiet in Scotland seemed to recruit his powers, and on his return to Brighton he again

plunged into all the excitement of controversy, provoked by the development of new plans for the promotion of favourite projects in connection with the school, and yet more, his insatiable energy craved other spheres in which to expend itself, and he purchased a property in Brighton for the purpose of adding a new attraction to the town he liked better than any other, and superintended all the arrangements for adapting it to the purposes contemplated by him. He was also the chairman of two public companies; and, early in the year, became one of the Commissioners of Hove! In addition to all the work he thus imposed upon himself, he resumed consulting practice in London last spring, travelling up and down to town twice a week. With such an excess of work, worry, and excitement, the event of the 8th ult. can be no matter of surprise to any one. That his diminished strength, and his already over-wrought brain power, were greatly over-taxed, was well known to all save himself, and that to the nerve irritation thus excited, we may reasonably trace what in his writings has of late grieved many of his friends and irritated many more, is, we think, certain.

The work of his life—the establishment of the London School of Homœopathy—is that by which Bayes will be remembered. It is, as it were, his legacy to the homœopathists of this country; let us see to it that it is duly fostered; that it is improved as far as it can be, that it may in the future become a powerful lever in the way of therapeutic reform.

As a physician Dr. Bayes was deservedly popular. In addition to a good knowledge of disease, and a considerable familiarity with the Materia Medica, he was possessed of great tact and a highly courteous manner; and insensibly impressed his patient with the consciousness of his sympathy with their sufferings, and his sincere desire to do them good. Hence the confidence that was reposed in him, and the attachment felt for him by those who consulted him was great. Abroad his medical worth was recognised by several honorary distinctions, one of the latest of which was the honorary membership conferred upon him by the Reale ed Imperiale Accademia Nazionale La Scuola Italica en Rome, dated April, 1880.

In private life Dr. Bayes made many friends. Never was he seen to greater advantage than in dispensing hospitality at the head of his table. He was indeed a most genial host. In the prosperity of younger members of the profession he ever took a lively interest, a fact which was acknowledged by several of them when speaking at the dinner to which he was invited before leaving London.

On the 14th ult. his body was interred in the cemetery at Hove, and the respect in which he was held was seen in the

large attendance on that occasion. The London School of Homœopathy—of which Dr. Bayes, at the time of his death, was the vice-president—was represented by Major Vaughan-Morgan, the treasurer; Dr. Hughes, one of the lecturers; and Mr. Pite, a member of the Council. Dr. Matheson, Dr. Bradshaw, Dr. Black, Dr. Belcher, and several other medical men were also present; and a large number of private carriages were sent in token of the esteem of the owners for their departed friend.

During the last few days, a plan for establishing a memorial of our departed colleague has been set on foot by Dr. Belcher. It is proposed to endow a ward or beds in the London Homœopathic Hospital, to be called "The Bayes' Ward" or "The Bayes' Beds." It has our sincere good wishes for its success.

DIONYSIUS WIELOBYCKI, M.D. Edin.

We regret to have to announce the death of Dr. Wielobycki, of Edinburgh, which took place on the 16th November, in the 70th year of his age. Dr. Wielobycki was a native of Poland, the son of a Polish nobleman. He took an active part in the insurrection of 1831-2, during which he was wounded, and where his characteristic energy obtained for him the distinction of a Knight of the Golden Cross, *Virtuti Militari*. Ultimately taken prisoner, he was confined in a fortress with a fair prospect of being shot. From this he escaped in the disguise of a labourer carrying a hodful of bricks on his shoulder. After many adventures he succeeded in crossing the frontier, and now abandoning warfare and politics, he betook himself to the study of medicine at the Universities of Bonn and Berlin, having, previously to joining the insurrectionary forces, entered at the University of Cracow. In consequence of the part he had taken in the war, he was deprived of his father's estates, and arrived in Edinburgh about forty-five years ago with but very scanty means. Here he studied at the University, and graduated as Doctor of Medicine. During 1842 he was house surgeon at the Maternity Hospital, where he attracted the favourable notice of the late Professor Simpson. At this time his attention was drawn to homœopathy, and the enquiries he made resulting in his conviction of its truth, he forthwith commenced practice in Edinburgh, and very soon was the trusted physician of a large circle of attached patients. It was to obstetric medicine that Dr. Wielobycki especially directed his attention, and in this branch his skill was considerable.

He was a thorough homœopathist, one of the kindest-hearted of men; he was possessed of indomitable energy, and seemed never weary of work. In the discussion on homœopathy in

Edinburgh, which formed so conspicuous a feature of the year 1851, Dr. Wielobycki took an active part. His doing so led the late Professor Syme—with a meanness that was characteristic of the great surgeon when dealing with an opponent—to twit Dr. Wielobycki in a public newspaper with having received his education at the University without being called on to pay any fees, and then he had turned his back upon his benefactors by practising homœopathy! Upon this, Dr. Wielobycki sent each professor the fees to which, had they not been remitted, he would have been entitled. With a curt and insolent note Professor Syme returned the fees he had received. Upon this Dr. Wielobycki called on Mr. Syme, and insisted on his taking the money. Mr. Syme, becoming very angry, ordered him away. Dr. Wielobycki then drew from his pocket the exact amount in one pound Scotch notes, and placing them on the bald-head of the little man, left him foaming with rage! In the course of the day the notes were returned in an envelope containing an intimation that Dr. Wielobycki had left the enclosed notes in Mr. Syme's consulting room that morning! Dr. Wielobycki then wrote to Mr. Syme, informing him that, as he would not have the money, he should send it as a contribution to the Edinburgh Homœopathic Dispensary. This he accordingly did.

Several important papers on obstetric surgery were contributed by him to the earlier volumes of the *British Journal of Homœopathy*. Dr. Wielobycki evinced the genuine benevolence of his character in many ways. To the poor he was ever the kindest of friends. Many a time has he attended poor women in their confinements, where there was not only no chance of a fee, but the certainty that his own purse would be called upon to supply the comforts necessary to their condition, and most freely and generously did he expend his means in this way. The poor refugee from Poland never had a warmer or more liberal friend than Wielobycki. A year or two ago he was instrumental in the promotion of a *Requiem* mass in Edinburgh to commemorate those who fell in the insurrection of 1831-2. On this occasion the Polish coat of arms and that of the Wielobycki family were placed in the front of the catafalque.

During the last two years his health has been very indifferent. The hard work of a long, active, and restless life had now produced its usual results; but in spite of the solicitation of friends, he continued at his post, endeavouring to relieve suffering whenever occasion offered, and it was not until within three weeks of his death that the feebleness of his damaged heart compelled him to be confined to bed.

He leaves a widow, the daughter of a nobleman killed in the insurrection in which he took so active a part.

THOMAS KAY WHITEHEAD, L.K.Q.C.P. Ireland, L.S.A. London.

THE death of this promising practitioner occurred on September 10th, at Rawtenstall, East Lancashire. We were unable to notice it last month owing to pressure on our columns, and now the necessity of giving space for obituary notices of two other lamented colleagues prevents us reporting as fully as we had intended the very able oration pronounced by Dr. C. H. Blackley, of Manchester, at the ceremony of unveiling a monument in memory of Dr. Whitehead, at Rawtenstall Cemetery.

The late Thomas Kay Whitehead was born at Rawtenstall, in 1841. At an early age he evinced a disposition toward the medical profession, but, owing to the pressure put upon him by his father, he relinquished the idea, and turned his attention to the manufacture of cotton. After his father's death, however, he retired from business, and returned to the one great idea of his life. He entered Owen's College, Manchester, as a medical student, where he continued four years until he qualified. About two years ago he settled at Rawtenstall, and commenced practice as a thorough homœopath.

Speaking at the cemetery to an immense concourse of sympathising onlookers, Dr. C. H. Blackley said :—

"The energy with which Dr. Whitehead was naturally endowed, combined with his capacity for faithful and conscientious work, gave promise of a long and useful career, that would have been filled with the ordinary duties of his profession in the years that we had hoped were still in store for him. To me, who knew him principally in his professional capacity, his death seems to be a serious loss, not only to the community in which his lot was thrown, but also to the medical profession at large, and especially to that section of the profession to which he had attached himself. Not only, however, was he a skilled practitioner, but from what I know of the constitution of his mind, and from conversations I had with him at different times, I think it is highly probable that if he had been spared he would have devoted some part of his time and his energy to the elucidation, by scientific methods of research, of some of those at present hidden causes of disease that take so many of our kind to a premature grave. Had he been spared to do this, there can be little doubt but he would have worked with an amount of energy and patient perseverance that would have thrown considerable light upon some of the mysterious causes of some of our most fatal maladies. In this way, I believe, he would have done excellent work in making these causes better known and less fatal. This was not to be, however, and he himself became a victim to one of the most insidious and dangerous of those hidden causes to which I have just referred." Speaking of

Dr. Whitehead's early professional life, Dr. Blackley went on to say, "Dr. Whitehead had, I believe, wished to enter the medical profession earlier in life than he did; but circumstances, over which he had no control, prevented him doing so. Later in life his way was cleared, and he at once commenced his course of study, and brought such an amount of enthusiasm to the work as made it evident that he meant to succeed and to succeed well. I need hardly tell you that he accomplished his task admirably. Having himself experienced the advantages of the homœopathic method of treatment, in being cured by it of a long standing and troublesome malady, from which he suffered before commencing his studies, he did not scruple to advocate the claims of this system, and to demand for it, on the part of the leading medical authorities, an impartial investigation and a careful trial in the wards of our large hospitals. Surrounded as he was at this period by those who were devoted entirely to the teaching and practice of the older system of medicine, this advocacy of the claims of homœopathy required no small amount of moral courage. But Dr. Kay Whitehead was possessed of this in a high degree, and although his opinions on this subject were looked upon with disfavour by most of the students with whom he mixed, and by nearly all the professors with whom he came in contact, the thorough honesty of his mode of advocacy, and the earnestness of his manner, won for him the esteem of many of those who differed from him entirely on the subject of homœopathy. In the problems of the profession, if I may judge from one or two specimens that came from his pen, he would have been a formidable antagonist in any controversy he might have become engaged in. His satire was very keen and incisive; but even here his strictures were characterised by a love of what was just and right, and if his criticism of his opponent's arguments became scathing and severe at any time, this was because that opponent had descended to the use of unfair methods, or had departed from the strict line of truth."

We can ill afford to lose such promising and talented champions of the truth, and we sincerely trust that those who now fill the gap Dr. Whitehead's death has made will carry on the good work which he began so brightly.

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—The leading article in your December number seems to call for some remarks from me. You say (p. 707) that I have an "objection to the use of the word homœopathy." This is not correct. I am, like yourselves, "prepared to

sanction the use of this word in all suitable places and under all appropriate circumstances," and my published writings prove this. It would be odd, indeed, if an editor of the *British Journal of Homœopathy* should object to the use of the word "homœopathy." With all respect for you, I must deny that I have ever objected to the use of the word homœopathy "in suitable places." I fear that if the accusation is often enough repeated, it may, like the "Kilmainham Treaty," come to be considered by my opponents (if I have any) as an undeniable truth, though it has no more foundation than the aforesaid "treaty." What gave rise to the accusation, I suppose, is the part I took in opposing the use of the word "homœopathy" in connection with an application to the authorities for recognition of our lectures; but this was because I knew that recognition would not be accorded to a medical school with a sectarian appellation; and, as I hold that ours is the only scientific and regular therapeutics, I felt that our lectures on Materia Medica and Practice of Physic needed no further epithet to designate them, as they would be lectures on Materia Medica and Physic *par excellence*, as we understood them. Perhaps, also, my recommendation to young converts not to separate themselves from existing medical institutions by assuming the distinctive appellation of "homœopaths," has had something to do with the attribution to me of a "desire to get rid of the name homœopathy." But the recommendation was made because of the altered circumstances of the times. Anyone may now practise any system or method he pleases (even homœopathy, if he does not call himself a homœopath) within the very bosom of orthodoxy, without exciting a remark. Why, then, should any young man ostracize himself and deprive himself of all the advantages of the national institutions? Moreover, his presence in the ancient and populous establishment would be far more likely to spread a knowledge of true therapeutics among the profession than if he voluntarily expelled himself and took up a position outside the ancient edifice. His little lamp of truth burning in the midst of the profession would do more to illumine their darkness than if he stuck it up on a hill or under a bushel outside the orthodox stronghold. In recommending young converts to stick to the old institutions, I only advise them to do what Hahnemann himself did as long as he could, as those familiar with his history know. His expulsion from Leipzig, and consequent severance from established medicine, was a disaster to the truth he held and to medicine at large. Circumstances have since altered, and there is now an opportunity—owing to the greater tolerance of the profession, and their leavening to some extent with homœopathy—of regaining the position in established and recognised medicine which Hahnemann was forcibly deprived of; and we should take

advantage of it in every way. Convinced as I am that homœopathy is the only scientific therapeutics, I feel called upon, on every occasion, to assert that homœopathy is *medicine* properly so called. In this respect I follow Hahnemann's example, who called the first edition of his great work, *Organon of Rational Medicine according to Homœopathic Laws*, but in subsequent editions altered the title to *Organon of Medicine* simply, as if to show that homœopathy was the true and only *medicine* worthy of the name. Who the parties are who are in the habit of "naming the name of homœopathy with bated breath" I cannot guess, unless it be our despoiler Ringer, or our renegades Phillips and Kidd; but surely it does not much matter how loudly or how lowly these gentlemen "name the name of homœopathy," as everyone knows whence their knowledge of the curative powers of medicines is derived. If to wish to see homœopathy acknowledged to be the truth in medicine be equivalent to a "desire to see the word homœopathy blotted out of the vocabulary," then I may be credited with that desire. In the meantime, we can best forward the progress of the great truth we have inherited by asserting confidently and persistently in our own societies and periodicals, and in all societies, congresses and meetings of old-school practitioners to which we may be allowed access, and in all old-school periodicals which will open their columns to us, that homœopathy is the only true scientific therapeutics, and that no other method or system of therapeutics has the slightest claim to be considered scientific, regular, or founded on nature and experience. By pertinaciously urging our claim to be considered the sole possessors of the truth in therapeutics, we shall produce a greater effect in convincing our old-school colleagues, than by withdrawing ourselves apart, "nailing our colours to the mast," and flaunting our peculiar flag within the narrow confines of our own little camp. We surely do not wish to give ourselves a monopoly of the truth, keeping it all to ourselves, and deprecating its adoption either in whole or in part by our professional brethren. I have always advocated and pursued the opposite course of carrying the war into the enemy's entrenchments and insisting on our right to be considered the true pioneers of rational medicine, and yet I am accused by you of having an "objection to the use of the word homœopathy." I have never "looked with longing eyes to the day when homœopathy shall be rendered needless by some larger and more successful therapeutic method;" on the contrary, I have always held that homœopathy, improved, it may be, by availing itself of all advances in real medical science, but still homœopathy, must eventually become the acknowledged rule of therapeutics; and when that is the case, the word "homœopathy will be equivalent to "therapeutics," and the distinctive appellation will be no longer

needed, for then "therapeutics" will mean the practice of physic according to rule, and the only true rule is that expressed by the legend, *similia similibus curentur*.

You object to my expression that by the proposed incorporation of the school it would be "crystallised" or "stereotyped" in its present form without the possibility of altering it, though in a "progressive science" like ours, alterations in the form and aims of the school might be required to meet altered conditions in the teaching; but my expression was merely a paraphrase of the words in the report of the sub-committee, viz.: "That no addition or alteration could at any time be made in the memorandum. To the lines laid down in this document the members must adhere for all time." You say that the memorandum provides for all possible advances of our "progressive science." So it may appear to you now, but you cannot tell that circumstances may not arise which may make changes desirable, which could not have been foreseen by the compilers of the memorandum, and therefore it appears to me undesirable that we should bind ourselves "for all time to the lines laid down in this document."

As one of the advantages of incorporation you state that the entire income and property of the school must "be invested and applied solely to the maintenance and credit of the institution," which would certainly prevent the alienation of the property or income of the school to the support of another institution, as was done in the large annual contribution from the school funds to the support of the hospital. But I think the opposition raised to that alienation of the school funds would deter the managers of the school from doing the like in future. However, if you think otherwise, you would certainly be justified in seeking incorporation to prevent any such perversion of the school's property.

You stigmatise as shameful my expression that the application for incorporation appeared to me to be a "sham." By that expression I meant that incorporation, which is merely a registration of the school under the Companies' Acts, for the purpose of securing the proper application of the property of the incorporated association, and similar commercial purposes, was represented by one of the speakers—himself a teacher in the school—as giving a *quasi* legal standing to any diploma of fellowship that might be granted by the school. Now, our legal adviser stated that a Royal Charter was "the only thing which would give a right to grant diplomas possessing any legal value." He said, moreover, that the Board of Trade has never given the right to grant diplomas to any association incorporated by them, though he saw no harm in "trying it on" in the case of our school. Probably it is beyond the power of the Board of Trade to do so. Suppose, then, as is most likely, this "legal sanction" should be refused by the Board of Trade, how would the

certificate or diploma of an incorporated school have a better legal standing than the certificate or diploma of an unincorporated school? The only difference would be that, instead of the letters F.L.S.H., the recipient might add to his name the letters F.I.L.S.H., which, in a phonetic point of view, would hardly be an improvement. An observation of yours (at p. 711) makes it even appear that the incorporated school might be at a disadvantage in this respect, compared with the unincorporated school. You say: "It is doubtful whether, if the registrar's certificate were granted without such a provision being contained in the deed, the corporation would not be debarred in the future from doing that which, in the meantime, the school is perfectly free to do." This seems to be a telling argument against incorporation, unless we could make sure beforehand that the Board of Brade will accord to our school what it has never yet granted to any society applying for incorporation.

None of those who have sided with me in our opposition to the proposed "L.H." degree, or to the latest scheme of incorporation, have objected to the granting of certificates of proficiency in their homœopathic studies to the students of the school by its teachers and examining board; all we have said is, that the pretension of the school to give a licence to practise homœopathy was illegal, and that the diploma or certificate of an incorporated school would possess no more legal value than that of an unincorporated school. What is particularly repugnant to me in the business is, that by incorporation a fictitious value is sought to be given to the certificate of the school. Is it right, is it becoming of us, to try to make the public believe that a deed of incorporation, which only "gives to the property of the school and its distribution increased security," and some other trivial privileges, at the same time communicates some mysterious value to the certificate or diploma of fellowship of the school; whereas we know, and the public may know if they inquire, that incorporation gives no enhanced value whatever to this certificate or diploma?

As for the alleged advantage conferred by incorporation, that "no one could then use the name Incorporated London School of Homœopathy without rendering himself liable to prosecution," I would merely ask, is it at all likely that any one would wish to use the name? Is the success of the school so great that we dread the theft of the name by unscrupulous rivals? I only wish the success was so great as to stimulate the followers of Hahnemann to set up other schools, and if we could have a school of homœopathy in every large town, I am sure we would all rejoice to see such signs of the prosperity of our system of therapeutics. That any such new schools would for a moment wish to take the name of the London School of Homœopathy is in the last

degree improbable. What, then, is the use of taking elaborate precautions against an eventuality that is not the least likely to occur?

At the April meeting, the subject of obtaining legal sanction for the school's diploma was the only thing considered, and as it was rightly believed that a Royal Charter could alone give legal value to the diploma, a sub-committee was appointed to inquire into the possibility of obtaining a Royal Charter for the school, in order to get a legal sanction for its diploma. Not a word was said at that meeting about the desirability of protecting our funds from malversation, or securing the copyright of our name, still less about fixing "for all time" the lines on which our school should be conducted. Well, at the October meeting the sub-committee reported that the granting of a Royal Charter was hopeless, and our legal adviser told us, what most of us already know, that a Royal Charter "was the only thing which would give a right to grant diplomas possessing any legal value." This should have settled the matter; but it did not. The sub-committee, going beyond their instructions, recommended incorporation under the Companies' Acts, which would give no legal value to our diploma, but which would protect our funds from malversation, secure us the copyright of our name, and fix the lines on which the school must be conducted, without the possibility of addition or alteration for all time. Then the October meeting, apparently utterly oblivious of what the April meeting had appointed the sub-committee for, is suddenly seized with a dread lest our funds should be alienated from their proper purpose and lest our name should be appropriated by some rival institution, and with a desire to fix unalterably the lines on which our school should be conducted "for all time!" But what of the legal sanction of our diplomas, which was what the sub-committee was specially appointed to inquire into? That, of course, had to be abandoned; but, from the observations of some of the speakers, it seemed to be thought that though no legal value for our diplomas could be obtained by incorporation, yet the public might think that incorporation might in some way or other give a value to the diploma which that of an unincorporated school did not possess. I am bound to say that you do not allege anything of the sort; on the contrary, in the passage cited above, you seem to say that incorporation might be rather disadvantageous to the granting of diplomas or certificates, and you say that the certificate of fellowship is "a document which the school would be properly justified in giving without any deed of incorporation." Such being the case, I think that I and those who share my opinions may be excused for opposing incorporation, as we were not, like the majority of the meeting, suddenly converted to the idea that our funds required additional pro-

tection, that our name was in danger of being appropriated by a rival institution, that it was desirable to fix "for all time" the lines on which the school should be conducted, and we did not see anything very admirable in the thought that incorporation might make the public believe that our diploma had acquired some kind of legal value which our own legal adviser told us it would not have.—Your obedient servant,

9th December, 1882. R. E. DUDGEON.

[We have much satisfaction in publishing the foregoing letter from Dr. Dudgeon. Though we, and all who know him well, have never doubted either of his faith in homœopathy or of his desire to see homœopathy recognised as, what he truly says it is, "the only true scientific therapeutics," it is nevertheless certain that his objection to the word homœopathy appearing in the style of the school, and the kind of advice which, as he admits, he has been in the habit of giving to young men convinced of its truth, have done much to lead persons not acquainted with him to suppose that he has lost faith in homœopathy and heart in its promulgation. We knew well enough that he had done neither, and his letter ought to convince all who have had doubts engendered on these points. At the same time we believe that the policy he advises is impracticable, and the *data* on which he bases it, if not entirely erroneous, are still so largely so as to make them worthless for his argument.

Very few indeed "assume" the distinctive appellation homœopath. Neither is it doing so that deprives a young man of "all the advantages of the national institutions." It is the fact that he practises homœopathy and that he does not deny that he does so. For a man to obtain the aforesaid advantages and practise homœopathy, he must deny that he does anything of the kind.

Dr. Dudgeon's estimate of the ill effects of Hahnemann's expulsion from Leipsic is only too accurate. But he was expelled, and we feel the consequences both from a scientific and professional point of view now, and probably shall do so for some years to come.

Circumstances since that day have been slightly modified, rather than altered to the extent which Dr. Dudgeon's optimism leads him to suppose that they have done.

The "renegades" and "despoilers" are so careful to lead their readers to suppose that "their knowledge of the curative powers of medicines" is derived from their internal consciousness, and the said readers are, as a rule, so thoroughly ignorant of homœopathy, that very few doubt the validity of their claims to therapeutic inspiration.

Again we agree entirely with Dr. Dudgeon that we should avail ourselves of every opportunity of asserting the claims of homœopathy in quarters where non-homœopaths are likely to read such assertions. Meanwhile, however, such opportunities have been so rare that all we can say of them is that they have

not been absolutely without an existence. But for all practical purposes, as means of propagating homœopathy, we cannot rely upon them. All we can do is to be prepared to take advantage of them when they do occur.

The time will come when Dr. Dudgeon's courageous determination to carry the war into the enemy's intrenchments will be perfectly feasible. Meantime, we have no opportunities for doing so. Hence, so far as our present circumstances are concerned, we must fain say of it, as the French general did of the Balaclava charge, "C'est grand, c'est magnifique, mais ce n'est pas la guerre."—EDS. *M.H.R.*]

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

It may be convenient to some of our colleagues who have patients passing the winter in Mentone, to know that Dr. HALE, of Harley Street, is, in consequence of his health, residing at the Hôtel Camons in that town, and will remain there during the next two or three months.

Communications, &c., have been received from Dr. HAYLE (Rochdale); Dr. DUDGEON, Dr. E. T. BLAKE, Dr. CLIFTON (Northampton); Major VAUGHAN-MORGAN; Dr. GIBBS BLAKE; Dr. ROTH.

BOOKS RECEIVED.

The Homœopathic World.
Homœopathic Journal of Obstetrics. November. New York.
The Calcutta Journal of Medicine.
The New York Medical Times.
The Therapeutic Gazette. Detroit.
The Edinburgh Courant. December 17.
Homœopatische Zeitung. Leipzig.
Homœopatische Rundschau. Leipzig.
Homœopathy: its Principle, Method and Future. (Pope.)
Handbook of Homœopathic Practice. (Ockford.)
Bibliothèque Homœopathique.
Dr. Burnett's Essays. Boericke & Tafel.
The Chemist and Druggist's Diary.
The Monthly Magazine of Pharmacy.
The Students' Journal and Hospital Gazette.
Transactions of the American Institute of Homœopathy, 1882.
Transactions of the Pennsylvania State Homœopathic Med. Soc., 1882.
Visiting List. Otis Clapp.
The Hahnemannian Monthly.
The Chemist and Druggist.
Boletino Clinico.
El Criterio Medico.
L'Art Medical.
Bull. de la Soc. Med. Hom. de France.
The American Homœopath.
The American Observer.

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THE MONTHLY

HOMŒOPATHIC REVIEW.

THE *LANCET* ON THERAPEUTICS IN 1882.

As its custom is at the close of a year, the *Lancet*, in the number which terminates its second volume for 1882, furnishes its readers with a *résumé* of the progress made, during the preceding twelve months, by the most active workers in those branches of science upon which the art of medicine is founded. Confining our attention, on this occasion, to its observations on therapeutics, we will first of all quote a passage from that section of the article entitled *Annus Medicus*, which is devoted to the consideration of what has been accomplished towards perfecting "the supreme end of our profession."

"In the department of therapeutics," says the writer, "there are many indications of vitality and of distinct reaction from that scepticism as to the use of medicine which followed, as effect follows cause, the rise and fall of homœopathy. The demonstration afforded by this exploded system, in its simplicity, of the strong recuperative powers of the system, naturally led physicians to question whether medicine could not be dispensed with altogether. But the answer to this question is no longer doubtful, and makes it clear that that practitioner will be at a great disad-

vantage who does not study the latest evidence on the physiological and therapeutical action of medicines."

"This exploded system" is, then, the latest definition of homœopathy! Few years have passed away during the last three decades, in the course of which one or other of the medical journals has not described homœopathy as either "dying" or "dead." Now the *Lancet* assures its only too credulous readers that it is "exploded." Does any one, we wonder, believe this statement? Nay, more, is there any educated man or woman, conversant with what is passing in the world of medicine, who supposes that the person who indited this assertion believes it? That he heartily wishes it were true is credible enough, that *per fas aut nefas* he is determined to try and persuade his readers that it is so, we can easily understand. Such a scheme as this has ever formed part of the tactics of the *Lancet*. But in making the effort at the end of 1882, there is something so supremely ridiculous, something so utterly absurd, that we almost wonder that the writer did not hesitate to float this particular falsehood, on the ground that, being so unusually glaring, it might defeat its end. *Quem Deus vult perdere prius dementat.*

If—we would ask those who are interested to consider—if homœopathy is "exploded," how comes it that we are ever and anon stirred up by a collegiate *pronunciamento* regarding it; how is it that local medical associations continue to utter their fulminations against it and all who practise it; why does it happen that a large central association, supposed to expend its energies in the promotion of science, occupies so considerable a space of its limited time in devising schemes for the purpose of exploding it? And yet again, if homœopathy is "exploded," is it not strange that during the last year the London Homœopathic Hospital should have received a larger sum of money in

separate legacies and donations than in any previous corresponding period of time—excepting the year when the Quin legacy was paid in? Once more, is it not remarkable that this assertion of the *Lancet* should appear at the close of the year which has witnessed the laying of the foundation stone of a homœopathic hospital in the city of Melbourne by the Governor of the Colony? An institution which in a few months will be tenanted by 100 patients, and officered by several homœopathic practitioners!

Dr. WILKS and the other fellows of the College of Physicians, who took part in the discussion which terminated rather more than a year ago in the lame and impotent conclusion to which we drew attention last February, knew perfectly well that it was no mere windmill they were tilting at, but a doctrine which asserted its claims to be regarded as the most far-reaching of therapeutic principles, claims which it had abundantly substantiated in a variety of ways, claims which, then as now, were more widely recognised as just than they had ever been before! Homœopathy was not regarded as being "exploded" on that occasion.

Was it an "exploded system" which the Council of the British Medical Association stated in their report, read at Worcester last August, had "occupied" "much" of their "time and thought"? At any rate we are informed that it was "the question of homœopathy"! Was it because homœopathy was "exploded" that Mr. NELSON HARDY, Dr. MOORE, of Belfast, Mr. DIX, of Hull, and others strove hard to induce the Association, not only to refuse membership to homœopathists, but also to expel any one who, being a member, should have the candour to acknowledge, after a deliberate investigation, that it was true? If "exploded," why such an outburst of ignorant bigotry as was displayed by two or three members on this occasion?

Had homœopathy been thus disposed of, there would be no necessity for such a resolution as that which formed a part of the Report of the Council. Never have "the time and thought" of a Council, or the deliberations of a scientific body, been devoted to hindering the progress of an "exploded" doctrine!

Once more, were homœopathy "exploded," the business of a homœopathic chemist would not be what it is. Last year, one well-known firm published in our contemporary, *The Homœopathic World*, a comparative statement of their trade requirements now and twenty years since. "Twenty years ago," they wrote, "100 gross of bottles would have sufficed to meet the requirements for twelve months; last year 2,163 gross were barely sufficient." We have made enquiries among similar firms, and one and all have testified to the large increase in their sales of homœopathic medicines of late years. Will the *Lancet* try and persuade its readers that a medical doctrine can be "exploded," while a constantly increasing demand exists for the materials required for putting that doctrine into practice?

Will the statistics of the medical colleges, hospitals, dispensaries, journals, and societies in the United States of America lend any countenance to the notion the *Lancet* strives to palm off upon the public as something genuine? We trow not!

Many a medical theory, many a therapeutic system, many a method of treatment has been exploded during the last 85 years—of all prevailing so long ago, homœopathy alone remains! And as a conspicuous illustration of its success, we find the uses of drugs, first made known through its study, being rapidly appropriated, and that by men who represent it as a doctrine that is "exploded!" And to the end that a reputation as observers may be obtained, such uses of drugs are too frequently published

in the medical journals as original matter by those who would fain have us believe that the doctrine of homœopathy is "exploded." Indeed, that their originality may have a fair chance of passing unquestioned, it is necessary to induce the belief that it is "exploded!"

In the passage we have quoted, we are also told that there is a "reaction from that scepticism as to the use of medicine which followed, as effect follows cause, the rise and fall of homœopathy." So that homœopathy is not only "exploded," but actually fell some time ago! Scepticism as to the worth of medicines as commonly administered was very widely felt some twenty years ago or more. It still prevails—the "reaction" of the *Lancet* notwithstanding—in some of the chief places of medicine. Dr. ANDREW CLARK, Dr. MATHEWS DUNCAN, Dr. MOXON, and many others have in very recent times evinced their want of faith in the remedial power of drugs in no stinted manner.

Admitting, however, as we think we may, that there is a small body of rising physicians, not supposed to be homœopathists, who have faith in drugs as aids to the direct cure of disease, how, we would ask, did they get their faith renewed? It was, we reply, by abandoning the employment of drugs as mere purgatives, diaphoretics, expectorants, and so on, and by looking into Dr. HUGHES' *Pharmacodynamics* and ascertaining what medicines homœopaths—led thereto by the principle of *Similars*—prescribed in given forms of disease! They were at the same time greatly aided in such researches by a physician, who had openly practised homœopathically for twenty years, suddenly pretending in an ambiguously worded letter, published in a medical journal, to cease from doing anything of the kind! And then, following up his so-called "recantation" by issuing a text-book of *Materia*

Medica, abounding in the teachings of the results of his twenty years' experience of homœopathy!

The *Lancet* commentator on the signs of the times further warns the profession that "that practitioner will be at a disadvantage who does not study the latest evidence on the physiological and therapeutical action of medicines." How long has the study of drugs from the physiological standpoint been in vogue among those physicians whose researches are thus valued by the *Lancet*? The number of years is certainly not many. On the other hand, this method of investigating drug action originated, for all practical purposes, with HAHNEMANN, and has been diligently pursued by him and his disciples since 1796! The study of the physiological action of drugs is an essential of homœopathy—without it, homœopathy is impossible; and, we may add, that without homœopathy—*teste* Dr. BRISTOWE—the study of the physiological action of drugs is of comparatively little value. That it was ever undertaken is entirely due to the work accomplished by HAHNEMANN and those who have practically studied homœopathy; and that it will ultimately lead those who are now pursuing it to homœopathy we have no doubt at all.

To "the growing care in investigating the action of drugs," and "the growing perfection of chemistry and of pharmacy," the *Lancet* attributes the knowledge that "the most specific effects may be produced by drugs which a few years ago were not known to exist." Of such, *hamamelis virginica* is adduced as a specimen. The only people who "a few years ago" were so ignorant as not to know that *hamamelis virginica* existed are those who in their simplicity rely upon the *Lancet* for their supplies of medical knowledge. Medical men who have been in the habit of practising the system which we are now told is exploded, have, for more than thirty years, been familiar with the

medicinal uses of this drug. Prior to that time, it was in common use in the United States of America as a popular empirical remedy. In 1850, it was brought under the notice of the late Dr. CONSTANTINE HERING, of Philadelphia, by Mr. POND, who had made it the basis of a patent medicine, called by him, "The Pain-killer." By Dr. HERING, Dr. PRESTON, and Dr. OKIE, of Rhode Island, its physiological action was studied—not on dogs, cats or frogs—but on human beings. Dr. PRESTON'S experiments with it were published in the 1st volume of the *Philadelphia Journal of Homœopathy*, in 1851. In Dr. HALE'S work entitled, *New Remedies in Homœopathic Practice* (1864), a tolerably full account of the sphere of action of this drug is given; and then we find that in Dr. SIDNEY RINGER'S *Handbook of Therapeutics* (4th edition, 1874) a short account is given of the uses which may be made of the *hamamelis*, and what is there stated is so stated on the authority of Dr. PRESTON and Dr. HALE!

It is, then, to homœopathy that the profession are indebted for what they know of *hamamelis*. It would indeed be a matter for regret were a system, which had brought to the front so valuable a medicine as this, to have been "exploded." Happily, it is so only in the pages of the *Lancet*.

Another statement contained in this article is not only entertaining, but instructive. "This year," *i.e.*, 1882, "has," we are told, "witnessed the introduction of . . . . *apomorphia*. Few books on Materia Medica published this year contain any notice of it. Its use—for the discovery of which the profession is indebted to Dr. GEE—is that of an emetic, to be introduced hypodermically." The two points to which we desire to draw attention here are: 1st, the date of its introduction—1882; and 2nd, its use—that of an emetic.

From a paper read before the British Homœopathic Society during the session of 1872-73, by Dr. GALLEY BLACKLEY, and published in *The Annals* of the Society for March, 1874, we find that *apomorphia* was discovered by Messrs. MATHIESSEN and WRIGHT during a course of experiments on *opium* and its alkaloids in March, 1869. In May of the same year, Dr. GALLEY BLACKLEY, in the presence of Dr. WRIGHT, made an experiment upon himself, injecting ten minims of a ten per cent. solution of *apomorphine* under the skin of his left arm. This was followed by what we now know to be the characteristic symptoms of the drug—sudden qualmishness, nausea and profuse vomiting. Another experiment upon a carman, six days later, had the same result. Subsequently to this, Dr. GEE reported the results of a number of experiments —not on human beings, but on dogs, cats and rabbits—to the Clinical Society, and he was followed in the same direction by several continental experimenters.

These experiments all proved *apomorphia* to be a prompt emetic. In cases of poisoning an emetic is a very valuable —an invaluable substance to have at hand. And had nothing more resulted from the discovery of *apomorphia* we should have been thankful that it had been made. At the same time it is desirable that we should be able to turn to account in relieving disease, as well as in preventing death from poison, a substance so active as this had been found to be. There is, however, but *one* way in which the physiological action of a drug can be so utilised, and that is *through homœopathy*. Whatever may be the case in 1883, this method of drug-selection was not "exploded" ten or twelve years ago! Hence, perchance, it is that we find that in 1874 Dr. DYCE BROWN read a paper at the British Homœopathic Society on the therapeutic uses of *apomorphia*. We may here quote the opening sentences of this

paper as it appears in the *Annals* of the Society for March, 1875 :—

"The truth of any scientific law or system is generally demonstrated by an *experimentum crucis*, and when this is possible it cannot fail to greatly strengthen the convictions of those who believe in the law or system, and to impress those who are inclined to be sceptical. In such a science as therapeutics, where absolute proof is so difficult to be brought home to the minds of the sceptics of the old school, it adds immensely to our strength in argument when we can bring forward an *experimentum crucis*. Such has always seemed to me to be our power in accordance with the homœopathic law of predicating the therapeutic sphere of a medicine before it is tried in a single case. We have but to discover by experiment or by accidental cases of poisoning what are the physiological effects produced by any given substance, and we can at once say, and say with confidence in the result, in what cases of disease we shall find it useful."

Having then ascertained that *apomorphia* was an emetic, and noticed the peculiarities of the emesis—its suddenness and association with giddiness and faintness—Dr. BROWN proceeded to prescribe it in cases of vomiting so characterised. In the paper referred to he gave the notes of fourteen cases of the kind in which he had ordered it during 1872—that is to say, ten years before, according to the *Lancet*, it had, like a young lady in society, been "introduced"; and then it was prescribed, not as an emetic, but to cure emesis, and it did it. In this *Review* for December, 1876, Dr. SKINNER gave some detail of the service it had rendered him as a remedy in sea-sickness. Early in 1877, Dr. YELDHAM reported, through the same channel, a very striking case of vomiting cured by *apomorphia*, the dose being five grains of the third decimal trituration. Dr. BROWN used the third centesimal dilution with equally good results. Thenceforward *apomorphia*

has been in common use, amongst those medical men who habitually practise homœopathically, as a remedy in cases of vomiting characterised by symptoms like those it is well known to produce.

Beyond the discovery of the existence of *hamamelis virginica* and the "introduction" of *apomorphia*, the therapeutic advances of 1882 do not appear to have been considerable. *Alkaline sulphates* have, we are told, acquired the reputation of being antidotal to *carbolic acid* poisoning; a solution of *boracic acid* in *glycerine* and water is said to have cured diphtheria; *salicylic acid* and enemata of *carbolic acid* have been tried in typhoid; the *salicylate of soda* has been used in scarlatina; the value of *salicin* and *salicylates* in acute rheumatism has been discussed; the Clinical Society has pronounced in favour of the prompt and early use of cold water in the hyperpyrexia of acute rheumatism; *hyoscyamine* has been credited with having done good service in intestinal obstruction; and a disposition has been shown to substitute *belladonna* for *opium* when the latter has failed or is contra-indicated.

As all these observations are purely empirical, and the evidence on which either rests is but scanty, the probability is that within no very long time each and all will be "exploded."

We may, in conclusion, remark that for the *Lancet* to be able to describe homœopathy as "exploded" with any chance of having its assertion believed, or its own *bonâ fides* in making it allowed to pass unchallenged, is evidence of the great ignorance of what homœopathy is which exists among the rank and file of the medical profession. It is high time that this ignorance were exploded, and that a knowledge of the principles and advantages of homœopathy were more widely disseminated. How long will medical

men allow themselves to be hoodwinked by their oracle? How long will they submit to being deprived by the pressure of a trades' union agitation of that great increase in therapeutic power, which a familiarity with homœopathy would give them?

The "system" which the *Lancet* falsely tells them is "exploded" has been the source of some of the most reliable applications of drugs, which have been introduced to them by RINGER, BRUNTON, BARTHOLOW, PHILLIPS, and others. By the method of HAHNEMANN a larger number of drugs have been transformed into remedies, and their exact spheres of action as such defined, than by any other ever devised.

This system, so far from being "exploded," is publicly taught at the London School of Homœopathy; is practically illustrated at the London Homœopathic Hospital; and is advocated in three medical journals: while it forms the basis, is, indeed, the source of very much of the empirical therapeutics taught at University College and other hospitals in London.

The time, we trust, is not far distant when the misrepresentations of homœopathy circulated by the *Lancet*, the palpably false statements regarding it to which it gives currency will be "exploded." When a knowledge of what homœopathy is shall be more diffused; when its practical results have been witnessed, when its advantages over other therapeutic methods become appreciated—such tactics as these presently adopted by the *Lancet* will be impossible. Ignorance, and ignorance alone, on the part of those addressed by it renders them possible now.

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIC, ALSO CARDIALGIA.

WHAT THEY MEAN, AND THEIR TREATMENT ACCORDING TO HOMŒOPATHIC PRINCIPLES.

By DR. MED. BERNHARD HIRSCHEL, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., M.R.C.S., Edin.

SECOND SECTION.

Definition and characterisation.

The designation cramp synonymous with pain of the stomach—stomach-ache: If we should denote cramp as a purely abnormal disturbance of the nerves, then is the term stomach-cramp a misapplication. For a morbid feeling of the nerves, not a morbid disturbance, would be then expressed, and the designation would only have a meaning in the sense in which the popular language is in the habit of indicating every nervous affection. The Greek name* gastralgia, pain in the stomach, would consequently be more correct, since we would repudiate the false name cardialgia by which the disorder of one part of the stomach only is specified. These remarks apply, also, to the term gastrodynia. In conformity with this, we shall speak of the tenderness in this complaint presenting itself at once as Magenschmerzhaftigkeit, painfulness of the stomach, or Magenweh, stomach-ache, instead of cramp of the stomach, and the rather because its limits will be stretched so elastically as to embrace the variety of pathological processes which may underlie the complaint, and which cannot always be distinguished in life. Also, inasmuch as the term Neuralgia cœliaca is too strictly drawn, we must again give it up. With justice, therefore, has H. E. Richter headed the section in question "Magen-schmerzen," stomach pains, and this may be justified both pathologically and

* Gasteralgia in any case would be more correct, from γαστηρ, stomach, and αλγια, pain.

nosologically, as, indeed no one has had to object anything against the species of headache, toothache, backache, &c., &c. We shall therefore consider cramp in the stomach under the wider signification of stomach-ache, pain in the stomach, which we beg will be borne in mind in the following description:—

Other designations: Cardiodyne, periodynia, dyspepsiodynia, dolor cardialgicus, cardilaca, dolor ventriculi, colica, spasmus ventriculi, we can pass over as synonymous with the foregoing. The Italian says, mal di stomaco; the Frenchman, colique d'estomac, passion d'estomac, mal au ventre; the Englishman, pain in the stomach.

Definition: By cramp in the stomach (magenkrampf) we understand a change of sensation in the stomach, amounting often to pain, coming on in paroxysms, with more or less free intervals. After the strictest examination of the circumstances, we have been able to fix this title alone as pathognomonic. For there is no symptom which has been cited in the other current definitions which may not be absent in particular instances. Neither the vomiting is always constant, upon which Schönlein and Wunderlich rely, nor is it characteristic, as the latter thinks, that the tongue is clean and that the nutrition does not essentially suffer; we have seen the opposite of the last symptom especially very speedily occur. The contraction of the neighbourhood of the stomach during the attack is not constantly present. Indeed, even the tenderness may fail, on which account we speak of changes of sensation only, with design. I have, for instance, treated one case of cramp in the stomach (magenkrampf), the nature of which, as the absence of all physical appearances and the decision of the particular attack proved, was purely nervous, and where the paroxysmal feeling was not painful, but appeared as a feeling of emptiness, or as the patient expressed it, "ein loches im Magen." (We shall refer to this case further on.) Why should it not be called Magenkrampf?

The symptoms: Whilst we shall treat more in detail in the following sections the further fixing of the idea, the essentiality and causality of this form of disease, as well as its place in the system, we premise here a characteristic set of symptoms of stomach pain (gastralgia), which embraces the essential appearances according to the most commonly occurring species and sub-species in a general description. The author has near him portraits before his

eyes who have sat to him for this picture, and almost all his description is drawn from nature.

Changes of sensation: The patients complain of sensations and pains in the region of the stomach. The sensations are those of emptiness, hollowness, weakness to the point of feeling faint, of being blown up or contracted at the pit of the stomach, without this being objectively observed, of distension or contraction of the walls of the stomach; the region of the stomach generally drawn in, especially during the attack, in complications, however distended.

Pains: The pains are, in the majority of cases, aching (the most frequent form), burning, chilling, scraping (as with the hand, grasping); or digging, contracting even to constricting, or distending, shooting, smarting, beating, twisting, cutting, boring (especially in the posterior wall), as an arrow shot through, tearing, drawing, gnawing. They are concentrated either in the region of the stomach, or extend in radiation to the sides, to the liver and spleen, to the ribs, to the intestines, to the kidneys; indeed, even to the extremities, especially the shoulders and arms; most frequently pain in back corresponds with stomach pain. It is generally aching, burning, boring, rarely shooting, and either answers to the posterior wall of the stomach or further up to the middle dorsal vertebræ, seldom appearing lower down in the lumbar vertebræ. This latter pain is increased by pressure on the vertebræ, and remains in this case constant, even in the intervals of the attacks. This pressure passes forward over the stomach, conversely pressure on the stomach calls out pain in the back, which, however, is not pain in the vertebræ, but answers rather to the posterior wall of the stomach. The pain in the stomach is either confined to a small place, which may be no larger than a half-groschen, or may be much more extended. Leubuscher considers the contraction (zusammenziehen) of the stomach characteristic, and puts aside pain and constriction (contraction); if the first is primary the latter will follow by causes from the centre. Conversely, if by irradiation the pain at least is increased by constriction (contraction). The last is true, but the putting aside both is too artificial and leads to no diagnostic difference.

Intervals: At the commencement the pain appears only gradually and gently, and leaving quite free intervals of great length. Gradually it increases, becomes more violent

even to extremes, lasts even longer, is repeated more frequently, the intervals become gradually more obscure, till there is at last hardly an intermission, but properly only a remission of the pain in its greatest intensity. Sometimes, however, the pain in the stomach comes on at first in its greatest intensity. In general, however, the progress is not regular, constantly increasing or decreasing, but the paroxysms are of varying violence and duration, according to internal and external conditions, sometimes merely accidental. Not rarely the attacks came on at stated intervals, and continue for a regular time.

Duration: The duration of the attacks of pain and cramp varies so very much that it may continue minutes, hours, or days.* The limitation of disease to a given time is obviously impossible.

Time of day: The attacks come on at various times of the day. They occur most frequently either immediately or at longer or shorter periods after each meal, particularly at the end of the duodenal digestion at three or four hours, very frequently also in the morning, more rarely at night. In severe cases I have several times observed this last period, and it must always be considered as an indication of a higher degree of the disease.

Aggravations and ameliorations: The impression is different which certain conditions, as eating, drinking, several kinds of food, movement and rest, emotions, the weather, temperature, &c., exert on the kind of attack. Definite rules occur here so seldom, that nothing can be concluded of the individuality, nor of the form of the disease, indeed, in one and the same case an influence will vary at different times. In several cases eating and drinking aggravates, in others relieves, and various kinds of food, as wine, coffee, tea, beer, water, milk, acids, sweets, meat, farinaceous food, fruits, salines, bread, potatoes, &c., in all which many variations occur, in which, however, something may be set down to imagination, idiosyncrasy and prejudice. Rest, as a rule, suits better than motion. The last I have observed especially prejudicial while digestion was going on. Exertions, mental and physical, aggravate, if they do not distract the attention, in which case they act beneficially. Emotions of all kinds, especially vexation, grief,

* Andral relates cases Clin.-Med. T. ii. S. 19, in which the paroxysms varied from 1 hour to 12 or 30 hours, and one lasted 100 hours.

care, generally act prejudicially. The beneficial action of joy belongs as the others generally to the exception.

A mitigation of the attack is often procured by doubling up, and so relaxing the walls of the abdomen. More rarely the opposite takes place, and stretching out is of service. A very great difference, which may give weight to one or the other as an aid to diagnosis, but which, however, must not be laid too highly, shows itself also in behaviour with regard to pressure. In some cases this can not only be borne, but it lessens the pain and the attack; in others the slightest touch cannot be borne, every ligature, all pressure of the clothes must be removed. Patients who during the paroxysm can bear no pressure, endure it when free from an attack right well. From a persistence of the sensitiveness, we are led to conclude upon organic changes, ulceration or gastritis—with injustice, however, since the last-named disorder occurs under certain conditions, which exclude sensibility to pressure, and it has not been present when aggravation from external pressure was constant. The influences of cold and heat, both external, and the temperature of the food varies very much. At one time cold increases, at another diminishes the pain. The same is true with regard to heat.

Vomiting Eructations, Waterbrash: It goes without saying that all those elements which aggravate or diminish the paroxysm can also cause it, which is especially true of all indigestible food, to which also certain medicines belong. Of all accompanying appearances is vomiting one of the most constant. It occurs at the height of the attack, sometimes rather before; is entirely absent in some attacks, occurs in others; is often brought on by the simple act of walking,* and is generally accompanied with relief, especially when food is ejected. But this last seldom occurs: Generally the vomit consists of albuminous water, which is evacuated in single impulses; or of saliva, leading one to conclude on the participation of the pancreas; or of a thin, watery, sour or tasteless, or of a brown fluid or bile; more rarely of mucus. Frequently regurgitation occurs, or still more frequently, filling of the mouth with water, the commonly called waterbrash, which

* I have treated a lady who always vomited when she walked.

in a lesser degree is spat out frequently. Salivation proper belongs to the exceptions.

Gastric symptoms: The tongue is generally clean but often coated white, yellow, brown especially in gastric, bilious, and organic complications. A very red, dry tongue belongs to the less usual, and not pleasant signs. Thirst need not be ever present, and is only so in connection with the red tongue. The appetite runs through all gradations, from perfect want of appetite to the most gnawing hunger, which is not to be satisfied. This happens especially in acid in the stomach. The patient has longings after particular kinds of food, especially for acids, piquant articles, bitters or sweets, spirituous drinks, beer, ice, &c., even when indulgence causes well-known injury; on the other hand, he has, without knowing why, unconquerable disgusts. Often instinct may be trusted. The taste is pure. Yet often acid, saltish, bitter, not seldom metallic, or, what I have often observed in women, and people who do not smoke, a taste of tobacco. A bad smell sometimes proceeds from the mouth, but generally from other causes. Heartburn, which ascends from the stomach to the mouth, and is perceptible along the whole length of the gullet, is a very frequent accompaniment of cramp in the stomach, when acids of the stomach are abundant, and must be distinguished from burning pain proper. Constipation is the rule, or, at least, the stool is scanty, hard, contracted, spasmodically following intermittently. Diarrhœa belongs to the exception, and is not to be desired. Eructations, whether tasteless or sour, bad smelling as well as flatulence in the intestines, in strictness, do not belong to pain in the stomach, but are rather consequences of complication with gastric catarrh, dilatation of the stomach, &c.

Sympathetic and reflex symptoms: Very often accompanying the pain in the stomach there is a distressing feeling of contraction of the throat (cramp of the throat) or of the chest, which goes on to tightness of breathing, distress of breathing so that the patient must draw deep breaths, and is increased through distension of the stomach, or the nerves of the diaphragm become affected, and hiccough comes on.

Other nervous appearances are yawning, sighing, palpitation, attacks of anguish, spasmodic contraction of the walls of the abdomen, headache, cramps in the calves,

fainting. More rarely, and only in very hysterical persons, general convulsions come on in addition.

In an otherwise powerful man I observed a spasmodic drawing in of the skin at the points of the fingers. As Hirsch relates, a woman every night had her arms contracted in a painful way, and her jaws locked so that she woke. Other sensations radiating from the spine are, especially in the attacks; cold extremities about which we have constant complaints, cold upon the brow, with sweats, dull voice without resonance, paleness of the face, blue nails, weakness of the feet and whole body; small, thready, irregular, contracted pulse; giddiness, strangury.

Emaciation: Considerable emaciation often comes on very speedily, even with a good appetite. As soon, however, as the attacks diminish and the disease subsides, the nutrition quickly rights itself.

Disposition: The disposition is generally depressed, tearful, melancholic, and alternates with the attack and remission of the disease.

Third Section.

Œtiology, causes, and essence.

Predisposing elements: Cardialgia spares no sex, no age, no constitution. However, some are more subject to it than others; women than men, middle and old age rather than youthful, children are almost entirely exempt, and weakly, sensitive, badly nourished individuals, more than the strong, robust and full-blooded. Of course external relations and internal dispositions equally contribute to these results.

External relations: Among these we range especially:

1st. chills, especially of the stomach and feet, the former through too rapid cooling by cold drinks in summer.

2nd. Sudden suppression of sweatings or other evacuations, as of menstruation, of hæmorrhoidal discharges, of the urinary secretion, of puerperal discharges, of ulcers, of eruptions.

3. Derangement of the nervous power by sexual excesses, especially unnatural ones, and emotions, under which we may range care, grief, vexation, or continuous studies, sedentary mode of life, also immoderate exertion of muscular power, especially when not properly supplied by nourishment.

4. Presents the most immediate and frequent occasions: the use of food and drink when this is not regulated, is immederate, or consists of injurious matters, which of course is frequently to be taken relatively. Long fasts, and then hurried eating, imperfect mastication, or frequently repeated meals, or eating at irregularly fixed hours, is a frequent occasion. Deprivation of animal food, immoderate use of fat, of acids, sauces, sweets, farinaceous food, bad bread, coarse and flatulent food, spices, smoked meats, fish, and among drinks spirituous drinks, here particularly brandy, new imperfectly fermented wines, sour wine, fermenting beer, call forth stomach pains—the gastrodynia of drunkards. Coffee in the next place, taken in excess, and particularly of bad and thin quality, such as the poor classes among us drink, exerts so considerable a bad influence, that we may set apart a particular form of coffee-gastrodynia, which will follow further on under *nux vomica*. I have treated this form uncommonly often. This does not hold good so much in the case of tea. Here also idiosyncrasies play a part which excites stomach cramp, as for example Cologne water, garlic, lemonade, fruit, &c., &c. Andral relates a case of a lady, in whom the use of milk produced symptoms of real poisoning. The temperature also of the food and drinks counts for something, and I have observed and treated a long-standing case of cramp in the stomach, which was occasioned by having partaken once of too hot soup, without your being in a position to assert an organic basis. It is clear that the stomach as the first organ of reception is also morbidly deranged by—

5. Medicines and poisons, the swallowing of foreign bodies, bones, stones of fruit, &c., &c. To the first class belong emetics and laxatives, acids, narcotics, the acrids of the old school; to the latter, the metals, as copper, lead, in particular phosphorus, &c., &c.

Finally, we must call attention to a cause very frequent among women, to the pressure of unsuitable and constrictive clothing, particularly of ligatures. Blows, falls, and other shocks which have hitherto been classed here, should much rather be referred to the muscular coat and other coverings than to the nerves of the stomach.

Internal Causes: Not less numerous, and which has a distinct reference to the variety and extension which are peculiar to gastrodynia, are the internal elements out of which this form of disease is developed. These are:—

1. Diseases of the nervous system, derangement of the nerves of the stomach itself, of the vagus, of the sympathetic, affections of the brain, of the spinal marrow (idiopathic or sympathetic, or reflected, consequently radiations), and metastases of other nervous affections, as headache, toothache, neuralgia of the heart, asthma, bronchial affections, hooping cough, emphysema, calculus or gall-stone, colic, hysteria, hypochondria.

2. Diseases of the blood-crasis, especially poverty of blood and chlorosis, much more rarely plethora, hæmorrhoidal disease, frequently gout, the uric acid diathesis, the dyscrasia of drunkards, pus poisoning *(pyæmia). Here stand naturally at the head affections of the stomach, among which especially catarrh of the stomach, ulcer or its scars, plethora or chronic inflammation of the stomach, induration, schirrus, probably also contraction. All these circumstances may occasion pain in the stomach. Diseases of other organs may excite cardialgic sufferings sympathetically, particularly affections of the liver, spleen, pancreas, duodenum (of a physical as well as of a dynamic kind), affections of the diaphragm, obstructions in the colon; then heart diseases, affections of the uterus of different kinds, as pregnancy, anomalies of menstruation, leucorrhœa, dislocations, diseases of the bladder and kidneys.

A hereditary predisposition is admitted by several. But this depends more on general constitutional relations. In cramp of the stomach recurring periodically, intermittent fever may lie at the foundation.

The relations here enumerated lead unavoidably to the question of the nature and essence, as well as to the physiologico-anatomical basis of gastrodynia, which we, with the greatest aversion to theory, cannot avoid in questions of a purely practical nature, because upon this decision a great part of our later arrangements, if only negatively, must depend.

Primary or Secondary? Neurosis: In the foregoing distributive division of internal dispositions, the idea is involved in degree that stomach pains can be as well of a primitive, idiopathic character as occasioned secondarily through other conditions, especially of an organic character,

* Leubuscher considers the changing of the secretion of the stomach as the intermediate member.

partly in the stomach, partly externally to it. We must concede, however, that the neurosis proper, for which a special form of cardialgia has been subtly set aside, neuralgia coliaca, is rarer than the gastrodynia, from material causes, without mentioning that it is often complicated, and therefore rarely appears in a pure form. But a denial of its existence altogether requires us to fly in the face of pathology, which authenticates quite independent neurosis in other parts, as prosopalgia, otalgia, cephalalgia, hepatalgia, colica, asthma nervosum, palpitatio cordis nervosa.

Central or peripheral origin: The primary existence of neurosis pure conceded and considered as proved, the question remains to be answered as to its seat, whether peripheral or central. In the first case, does it arise from the centre and its effects manifest themselves in the periphery? The centre can either be the sympathetic or the spinal marrow. Since most physiologists deny the independence, and consider it only as a modified spinal system, the spinal marrow remains as the only seat and point of procedure, as also Hirsch* expressly maintains, as he says, "Neuralgia of the stomach is a pain of a kind that does not proceed from disease of the stomach, and is perceived through the peripheric end loops of its nerves of sensation, but from an affection of the roots of these nerves, in any part of their course in the central organ, especially on those where they are lost in the same; on these it depends, and only eccentrically are found in the stomach." We may concede the pure neurosis may at any rate depend on a spinal irritation, and in most cases does depend on it, we may yet entertain the idea that it may proceed from a peripheric origin. The pain in the back, which Hirsch cites as a proof, is often a complication, often occasioned by material changes in the stomach, and a reflection of them. Were the spine only the origin, the sympathetic and reflected gastrodynias remain unexplained, which, however, must be referred to peripheric pains. Why should not a peripheric disturbance of the nerves of the stomach by food and temperature, &c., be possible, and transfer itself hence to the central organs? That material causes, such as inflammation of the stomach, ulcers, affect the nerves of the stomach, we suppose naturally, but we

* *Spinal-Neurosis*, S. 309.

think that the purely nervous affections of the stomach may have a peripheric origin.

Whether in the periphery, the vagus, or the sympathetic be affected, is a further question, at the present time not certainly determined, because physiology cannot here present facts of an established character. Hence the division of neuralgia of the stomach into a gastrodynia neuralgica, in which the vagus is affected, and a gastrodynia coliaca, with affection of the sympathetic, which Romberg* has shelved as not to be justified.† If we suppose, with Hirsch, and partially with Valentin that the instinctive feelings are imparted through the vagus, the peristaltic movements through the sympathetic twigs in the vagus, the general sensation the pains through the splanchnicus major, the retching through the splanchnicus medius and inferior, the sympathetic would thus stand as the most probable seat of cardialgia, according to which, since its fibres are also to be found in the vagus, the participation of this nerve will be first indirectly included. Whoever treats the sympathetic nerve as a central organ, may the more easily concede the possibility of peripheric and central stomach pains. By the sort of connection in which the periphery and the centre stand, so that the conduction of the one to the other always takes place and conversely, and mingling of the action of particular nervous textures, which have come into question;—Spinal, ganglionic system, vagus: this distinction is a purely theoretic one, and gives no assistance to the indication or choice of the remedy. Therefore, to go further into the question would be quite superfluous.

CLINICAL CASES, WITH REMARKS.

By S. H. Blake, M.R.C.S. Eng.

(Concluded from page 28.)

Case XIX.

Vomiting of Pregnancy.

Common as this affection is, and often as it has to be treated, and well known and indicated as are the medicines for its amelioration, we are not too rich in records of its successful treatment.

* Lehrb. der Nervenkrankh. d. Menschen. Berl., 1840.
† Compare hereon Abschn. 5, u. Eintheiling.

On January 21st, Mrs. A. E. W., aged 28, previously unacquainted with the homœopathic method of treatment, presents herself to obtain relief for extreme illness of her first pregnancy. The notes of the case are as follows: "No appetite for any kind of food; is in an extremely weak state, and has been losing flesh rapidly. Is now very thin; the face drawn; the complexion and eyes dark, sallow, and unhealthy looking. The vomiting occurs directly she rises in the morning, and recurs again after any food, which is rejected as soon as taken. Has vomited her food after every meal for three weeks past. She even feels sick and "heaves" when lying on her back, although recumbency affords the more relief than any other position. On rising she vomits a substance like curdled milk, or this is mixed with the food taken. Vomits as early as, or earlier, than 7 a.m. After eating breakfast she vomits again, and so on after eating every meal. Bowels very confined; moved every seven to ten days; stools "dreadfully costive, with great agony" during evacuation; stool large and hard. There is at present very cold weather and a cold wind blowing, which makes her worse in respect of constipation.

Temperament bilious; hair very dark, but here and there are patches of albino-hair. She comes of two different races. She has also sometimes vomiting of sour and bitter matter, and vomits on an average sixteen times a day. Is so weak she "can scarcely sit down" after the attack of vomiting. A friend of hers has previously prescribed some *nux v.* for her, but it effected little, if any, improvement. The menses have been absent just two months. Breasts considerably enlarged. Has been married only three months. Bowels were constipated before marriage, and are worse now. All fancies for food and even for dainties are gone; cannot bear the smell of food [suggests *sepia?*] and avoids every sort of nourishment. Leaves her chair in the middle of a meal, and goes out to vomit. Tongue large, thickly covered with a slimy coating, with foul taste in the mornings and bitter taste in the mouth. It cleans off a good deal during the day, but still retains the "thick feeling" of the tongue and the "nasty taste." Is subject to pain in the bowels and stomach; she awakens every hour in the night with the pain. "It makes the head swell and the face become flushed." The menses were scanty before marriage. She suffered

from cephalalgia and leucorrhœa at the periods, and at times bearing down, and her digestive organs were "always weak." The pulse is small; the feet and legs nearly always cold, and with damp feeling up to the knees. A drawing contractive pain comes in the stomach at times, causing her to bend forward. There is much nausea before the vomiting, and she had hiccough last night for the first time.

Acid Hydrocyan. dilution, B.P. gtt. x., *aquæ* ʒ vi. Cap. Ch. med. ter. die.

January 26th. Is much better, "for three days ago the medicine returned an hour after taking it," although she had in the meantime digested a cup of beef tea. (Beef tea had been ordered to be taken half an hour after a dose of the medicine.) The fluid ejected tasted "strongly of the peculiar taste of the medicine," and, to the best of her knowledge, was what appeared to be the dose of medicine itself which had been previously taken. It came all up at once, and not mixed with bile or any other substance, and did not correspond to the matters she used to vomit before taking it, being a clear watery fluid, tasting the same as the medicine. She has only vomited her beef tea once (this morning) since her first visit to me. The beef tea was this morning rejected immediately after it was taken. She looks much stronger, feels greatly better, and has digested her fluid foods well until this morning. There is less retching in the mornings, but she now throws up a little bile in the early mornings before she can take her medicine. She then takes the medicine, followed by the beef tea in half an hour, and again vomits, as before described, a little fluid, which is, apparently, the dose of medicine taken—at least this is her own statement. She never vomits now through the day: until yesterday, when all food returned until 4 p.m. The tongue is now yellowish at the back. She has catarrh nasi, the discharge being clear fluid.

Ac. Hydrocyan. dilution, gtt. ii. Aq. ʒvi.

Dose as before.

Nature appeared to be throwing off the surplus medicine, whether its density were inimical to the uterus and contained fœtus, or to the stomach, exciting these to reject it in quantity that it might not be desirable to remain I am not able to conjecture, but thought it wise to diminish the dose as above seen. Here we aim at using that con-

centration of the drug which is in the receptive degree, avoiding the rejective degree in reference to the organ which we desire to operate directly upon the medicine.

February 1st. Has continued fairly well, and has vomited in the mornings a little, but not badly until again this morning, and the beef tea does not stay down quite so well as it did a few days ago. There is a "very nasty taste in the mouth and throat, too; and she feels sickly, with a sensation in the throat as if she would be sick but yet does not vomit; with bitter and sour taste in the mouth and white tongue. Copious stomach flatus has set in, which she cannot get rid of, there is such a lot.* Bowels less confined, but no improvement was noticed in this respect for ten days after beginning the medicine. She vomits her beef tea sometimes of a morning again. Sickly and giddy towards night, even to faintness. Heavy headache comes on suddenly in the afternoon and evening and she still has a cold in the head.

The symptoms having changed it became advisable to change the medicine, so prescribed *nux vom.* 1 x gtti. 0.4 hour. The pathology now presenting itself on a range of less severity, a range of phenomena more suggestive of *nux vomica* than *hydrocyanic acid*, gives us reason to prefer the *nux vomica*. This changing by steps is often observed during cures under drugs chosen homœopathically.

February 18th.—She reports that she has since felt so well that she failed to come and see me at the appointed time. Has discontinued her teaching, as ordered, to ensure more rest of body, and feels much better. She has taken a fancy for the last medicine, and thinks it suits her. She says it tastes of brandy and she likes it (strange for her, because she is an abstainer); but yet recognises the bitter taste. This medicine never returns again like the other did, and she takes it with a sense of gratification, feeling that it does her good, and is unable to rest at night without it. Is yet very weak after any exertion. Has now a severe headache, for which she has come to see me, "shooting" pain all over the head, "terrific pain," and especially pain on the vertex, and incessant burning heat on the crown, and always very thirsty, drinking cold water. The pain makes her feel sick, and is brought on by the least movement and by turning the head to the left.

* *Nux: Cocc: Phos:*

Tongue nearly clean, and whitish coat thin. "No food vomited now." Has been in other respects feeling as well as when in her usual health, so the vomiting of pregnancy is practically cured, and it has been cured, she says, "now for a fortnight past." The head feels sometimes as if it would burst, and a slight heaving at the stomach occurs with it. Sickly, giddy heartburn has occurred during past two days for the first time, with fulness in the stomach after food, which she feels would be relieved if she could be sick. *Bryonia* 1 x, 4 hor. *Bryonia* is preferred to *sepia*, because of the marked fulness of stomach, and to *ipecac.* because of the absence of vomiting.

In reference to vomiting of pregnancy it is unnecessary to follow this case further, as the patient's health is at this time for the most part established. To any one who could doubt the efficiency of medicine in alleviating this vomiting, I would ask, whether it is their experience to find severe cases of vomiting in pregnancy, as a rule, spontaneously relieved or cured during the few days following after a medicine has been given, or where no drug has been tried, if the vomiting usually leaves the patient spontaneously, as a rule, directly after seeing the physician, and if this much to be desired result usually takes place about the third month of pregnancy, and long before the period of quickening. If such favourable results have been noticed by others, they have not been witnessed by me in the severer class of cases, and especially in primiparæ. There are, however, some persons who will doubt anything; even, perhaps, doubt whether they themselves are actually alive or not. Such persons cannot be convinced either by argument or demonstration occurring in the experience of others. They must be convinced only by their own experience. To believe a thing in existence, it must be, as it were, actually in their own possession, if need be, and no stars shine outside the heaven arranged above their own field of ocular vision. I have even known a medical man doubt whether *arnica* could have done any good in a case of inflammation of the spine from a severe contusion, simply because after being seriously ill in bed he got well again so very quickly (in two days) after this prescription. It is better sometimes to believe a little too much than to doubt everything. That the medicines are homœopathic to the case of vomiting described it is hardly necessary to demonstrate, but for practical purposes these and a few other drugs might be clinically classified

with a view of enabling the mind to overtake a portion of the advances of pathogenesy for easy reference. This classification is already grouped in the best Repertories, and exists there in the most correct, crude and exact form, yet not professedly nor necessarily enlightened by the organopathic connections of pathological and clinical researches, so that it becomes occasionally convenient to the individual practitioner to draw out for learning facilities and early acquirement of a basis of information in the drug provings, lists of drugs having symptoms generalised, differentiated, and contrasted in reference to this or that class of well-known and frequently recurring diseases. Unconsciously and irregularly we often follow this plan mentally, and the operation is greatly facilitated and time saved by noting down the symptoms opposite the drugs on this plan for groups of symptoms for which they are so frequently and recurrently used.

The vomiting of pregnancy differs much in different instances, yet there are several groups of symptoms which recur again and again in practice with wonderful consistency. Indeed, if it were not for such recurrence, there would be little use in naming diseases or classifying them at all. Medical students would not need to be instructed in medicine and pathology, and all the doctor would require for practice would be a dictionary of medicinals, with a group of symptoms opposite to each. We cannot doubt that such a state of affairs will never appear on the scene successfully.

But the difficulty always was, and it still remains, in many a difficult case of illness, to find a thoroughly appropriate homœopathic drug to the case. The Repertories have greatly helped the way, but amidst 500 drugs and upwards, and with these increasing every day, we must some time begin to cut down, classify, and eliminate in elementary style, if some of our ordinary minds are to overtake the task at all in practical life. Our memories, too, are not all equal, nor do these reservoirs increase much as we advance in years. There is but little that remains absolutely our own for long.

Without going through the whole Materia Medica, the indications for some medicines may be given.

Nux Vomica.—Nausea in early morning—with fainting—after eating and from tobacco (how like pregnancy?) Hiccough from over-eating. Vomiting of food, bile and

slime, or sour nausea. Heartburn—Sour or bitter eructations.

[Clinical indications:—"Sickly feeling more marked than vomiting;" flatulence, with difficulty of belching.] Pressure in stomach an hour or two after food.

Ipecac.—Desire for dainties and sweets, or averse to all food; stomach feels relaxed; nausea salivation; hiccough with nausea; nausea very pronounced; vomiting of food very marked, also bile, and copiously of jelly-like mucus, or of blood; of sour fluid, thirst, sweat, foul breath, colic, distended abdomen, sleepy after vomiting. Vomiting worse from stooping.

Hydrocyanic Acid and Lamocerasus.—Fluid taken rolls through the stomach and intestines. Disgust for food. Dry mouth, and thirst. Entire loss of appetite, the tongue remaining clean. Hiccough.—Nausea and vomiting of injecta, violent pain in stomach, with loss of speech. Contractive feeling in stomach, and cutting pains in abdomen. (Hering).

Bryonia has many symptoms common to the foregoing, and is characterised by distension of the stomach and eructations of wind. Pressure in stomach after food. Nausea brought on by the slightest movement.

Aletris Farinosa.—"Obstinate vomiting of pregnancy; obstinate indigestion, with much debility. Nausea and disgust for food, least food; causes distress in stomach. Frequent attacks of fainting, with vertigo; sleepy all the time, with emaciation, constipation." (Lilienthal).

I will shortly describe a case treated by *aletris f.* with success.

Kali Carb.—Sickness without vomiting, coming on only during a walk; sleepy during a meal.

Lactic Acid.—Sour vomiting, very marked. (Lilienthal).

Lilium.—Vomiting from misplaced uteris. (Lilienthal).

Petroleum.—With diarrhœa only during the day time; averse to fats and meat.

Puls.—Evening and night vomiting; diarrhœa.

Gossypium.—With very marked prostration.

Cuprum Ars.—Constant nausea, vomits everything with spasmodic uterine pains.

Arsen.—Gastralgic burning; thirst; diarrhœa after food and drink; relief from movement (reverse of *bryonia*).

Anacardium.—Relieved by eating; worse before and after eating.

Rhus.—Putrid taste after the first mouthful. Nocturnal cramps in legs. Hunger without appetite.

Sabadilla.—No relish until after the first mouthful, then she makes a good meal (Lilienthal).

Sepia. — Yellow or purulent leucorrhœa and uterine disease has preceded pregnancy. Vomiting of milky water or mucus. Emptiness in pit of stomach. Sweetish taste.

Silica.—Menses were always attended by palpitations; taste of blood in the morning (cardiac anomalies ?).

Staphysgria.—Hunger with a full stomach even ; sensation as if stomach were hanging down relaxed; accumulation of water in the mouth constantly.

Sulphur.—Profuse salivation causes nausea and vomiting, with flushes of heat; averse to meat (*Puls*). Craving for brandy.

Verat. Alb.—Craves fruit; wants everything cold; also wants acids and salt food. Canine hunger.

Zincum.—Taste of blood (*silica*). Heartburn after sweets; cannot eat fast enough; greedy.

Lycopodium. —Desire for sweets and craving for food. The more he eats, the more he craves. Headache if he does not eat. Thirst, with disgust for drink. Everything tastes sour. Vomits sour fluid, bile and food, or blood in clots and dark greenish masses after eating and drinking.

As seen by the notes of the case cited, the symptoms relieved were those very prominently experienced in the proving under the drugs respectively, and it is unnecessary to recapitulate them all; but notably the persistent vomiting and prostration by *hydrocyanic acid*, the flatulence with sickness by *nux v.*, and the distension with flatulence and headache by *bryonia* consecutively. In thus dealing with departures from health, we observe, in making our selection of the drug, the degree of prominence of the symptoms relatively to each other, and we have the proportionate right to expect relief from the drug so selected, when these degrees are found to correspond in the patient and in the pathogenesy, and whenever the subject so aimed at is attainable by the homœopathic method of selection.

Case XX.

Drowsiness of Pregnancy.

This next patient, a Mrs. L., had been occasionally treated by me before her marriage, and therefore the general conditions of her health were known before

that event, and this may serve to throw some light on the treatment of the ailments of pregnancy. She is of strong, healthy, and vigorous constitution for the most part, yet if she remains too much indoors, or at any time eats too heartily, soon complains of constipation and flatulence. She is of dark complexion and bilious temperament. *Nux vomica* and *bryonia* generally suited her well before her marriage took place. The patient made her appearance on December 28th, with the following account of herself: "Was married rather more than two months since. The menses occurred five days after matrimony, and have not been seen since, that is to say, no menses for the past two months." The chief symptoms are "not inclined to eat, yet is decidedly hungry. There are sour eructations, and very troublesome constipation. Is not troubled with vomiting, and does not vomit her food at all; but there is much accumulation of flatulence in the stomach, the resolution of which eases her for a time until it accumulates again. She feels often very drowsy through the day time (*nat. mur.*, *lycopod.*, *bry. alb.*, *nux vom.*, *merc.*, besides other drugs, produce this drowsiness during the daytime). There is pain in the region of the descending colon." The sour eructations and flatulence being so well marked, *lycopodium* was first tried. *Lycopod.* 3 c. gtt. t.d., although *nux.* would seem also excellently suited to relieve some of these symptoms.

January 7th. She reports: "I am glad to say the medicine has cured the pain completely." This pain was situated at the part of the abdomen occupied by the descending colon, but extended also to or near the left ilio-inguinal region, and here again we notice, what has been so often noticed before, the elective influence of *lycopodium* over affections of the colon, and apparently those especially where constipation and flatulent accumulations in this bowel constitute the prominent symptoms. She continues: "Much flatulence remains, and especially comes on after meals. Still feels very tired and drowsy through the day," a very unusual symptom before her marriage. Feels "sick in the morning, but has not vomited as yet." "On the whole" feels "much better."

Finding the wind and sickly sensation without vomiting now such prominent and unrelieved symptoms, notwithstanding a whole week of *lycopod.*, the time-honoured *nux v.* was now given, these symptoms being both so

prominent in the provings and the clinical experiences of that drug. *Nux v.* 3x, 2 drops every six hours.

January 17th. What is her report? "Feels better after this ten days of *nux v.*, but is still "very drowsy, and especially so at noon. After evening cup of tea feels more wakeful than during the day-time." Yet she "sleeps very well at night." Is "less sickly in the mornings."

Flatulence and constipation continue to be rather troublesome. Stool, however, passes about every other day. Urination is very copious and frequent, especially during the night.

Finding *nux v.* not answering to the call of all these symptoms, and the drowsiness being a provokingly obstinate symptom, although, as before remarked, it is given in the Materia Medica under both of the drugs already used, I searched further, and finding in Lilienthal's work these indications for *aletris f.*—"Obstinate indigestion, with much debility, nausea and disgust for food, least food causes distress in the stomach, sleepy all the time, with emaciation, constipation"—this medicine, I thought, corresponding as it does to prominent features of the case in hand, will surely do the work, although where obstinate vomiting is superadded to these symptoms it is still indicated. *Aletris f.* A., gttii. ter die.

My expectations were fulfilled, for in a week afterwards I received a letter to say that she had taken the last medicine prescribed, and now feeling in her usual health, with nothing to complain of, she would not require more medicine, and so ended my services from that time to the present (March, 14th, 1881).

Kali carb. causes sleepiness during a meal, a sensation of repletion overcoming the subject during his meal. The sickliness without vomiting is notified, however, as coming on only during a walk, which is quite peculiar to *kali carb.* In other respects it is much like the case above recorded, and appeared to me to be deserving of a trial.

The *Cypher Repertory* supplies us with the following:—

"Eructations, with stupor or obtusion of head," *ars.*, *carb. b.*, *lycop.*, *phos.*, *sar.*

With heaviness of head, *nat. mur.*

With dimness of sight, *petroleum.*

And under concomitants of nausea, again, with stupor and obtusion of head, we note, besides most of the before-

named drugs, *al-s.* and *tar* in addition. Thus we have for eructation, nausea, and stupefaction, *lycop. phos. sars.*

The provings of *aletris*, according to Allen's work, supply us with these indications:—

Excessive nausea, with giddiness, followed by vomiting and purging. Colic in the hypogastrium and pressure in the uterine region.

13, St. James' Road, Liverpool.

DEAFNESS (OBSTINATE) TREATED WITH A HIGH DILUTION.

By Robert T. Cooper, M.D.,

Physician, Diseases of the Ear, London Homœopathic Hospital.

It is generally supposed that there is something very mysterious about the action of our high dilutions; and so there is, if we have regard only to the inexpressible quantity of medicinal substances contained in them.

But here I firmly believe their mysteriousness ends. The indications for them present no mystery. They are as simple, and as easily recognised, as those that we depend upon for the selection of the low dilutions; the indications for their administration in chronic cases being in every way the same as those that guide us when prescribing our more material preparations. This is a fact that it is very necessary to insist upon, as I am sure I myself have often been prevented from prescribing them, and that others have too, from an idea that it was useless to do so unless some unusual and suppositious characteristic symptom is forthcoming.

Taking up this line of thought, I have lately been prescribing these high potencies much more freely than usual, and with, I must say, very astonishing success in a large number of cases where good results were not to be expected from any other form of pharmaceutical preparation.

Most of your readers, probably, have seen the papers I published upon the action of the solution of *hypochlorite of soda* (the *Liq. Sodæ Chloratæ*) in the *British Journal of Homœopathy*, vols. xxx., xxxi., and xxxv., and the provings and clinical observations given in these, as well as many subsequent experiences with this *soda chlorata*, have, as might naturally be expected, familiarised me with its action.

In the second edition of my work on *Diseases of the Ear* will be found a case of catarrhal deafness cured by it, in tangible doses, and hitherto my experience has been chiefly confined to its use in these more material forms; but wishing to use it as well in the high potencies, Messrs. Armbrecht, Nelson and Co. have prepared the 30th for me.

That much may be expected from the dilutions of it, the following case, I consider, abundantly proves:—

S. B., aged eighteen, by occupation a clerk in the City, a light-haired, catarrhal-looking young man, consulted me 14th July, 1882, for deafness affecting both, but principally the left ear. He states that he used to suffer a great deal from headaches two years ago, which affected the entire head, and were accompanied by sickness, and that after this the left ear became deaf.

He still suffers from a dull headachy feeling all day, and he finds that for the last twelve months the right ear as well as the left is becoming affected.

He sometimes has tinnitus, but evidently this is trivial.

He is very apprehensive about his deafness, as it is only with the greatest inconvenience he can carry on his duties in the City, and as it is increasing rapidly, he is naturally very anxious.

His general health is good, except that he suffers from slight colds, and there is no bad private history whatever. He had the usual infantile fevers ten or twelve years ago, but not with any detrimental result.

Hearing distance:—Left, $\frac{2}{6}$; right, $\frac{5}{6}$. Politzer inflation improves; suction to the membranes aggravates the deafness; membranes of normal appearance.

Finding my patient a type of that nervo-catarrhal disposition that is so eminently characteristic of *soda chlorata*, I prescribed 2 drops of the original solution in ½ an oz. of water, 5 drops to be taken in half a wine-glass of water three times a day, and directed the back of the throat to be painted night and morning with a lotion of 4 drops of *hydrastis* ♀ to 2 drachms of *glycerine*.

I did not see this patient till the 3rd October, when he complained of there being no improvement. He feels nervous, and has ringing noises which are constant, sometimes in the left, sometimes the right, and at other times all over the head, and is not sleeping well.

The hearing for the watch of the left ear has certainly

improved, being now $\frac{15}{60}$, but no difference in conversation hearing is noticed. Relying upon the *soda chlorata* as the indicated remedy, I prescribed a drop of the 30th for the next month (one drop to an ounce of water, and five drops three times a day), ordering also a teaspoonful of cod liver oil after dinner every day, and a drop of *ol. cubebæ* to two drachms of *glycerine*, as an application on wool to the meatus of the left ear.

29th November, 1882. Is as nearly as possible quite well; the noises are very much less, and he can get on quite well with his City work.

Hearing distance for watch: left, $\frac{c.}{6}\frac{c.}{0}$; right, perfectly normal.

As I considered my patient quite well, the advice tendered was to go on with a couple of pilules of *soda chlor.*, 30, and to come again only if the deafness returned.

He has not put in an appearance since.

The critical reader may object to this case being cited as satisfactory evidence of the efficacy of *soda chlor.*, 30, seeing that *cubeb* and *glycerine* drops were used; and I can fortify his scepticism by declaring that *cubeb* has a very strong action upon the ear, though I none the less believe that the cure is attributable wholly and solely to the *hypochlorite*. Any way, I can testify from abundant experience that these locally used drops would not have cured such a case.

ILL-TEMPER ASSOCIATED WITH ABDOMINAL DISORDER.

No. 1.—*Diagnosis: Impetigo Capitis, Enlarged Liver, Stenosis meatûs urethræ, Adherent prepuce.*

By Edward T. Blake, M.D.

October 17th, 1881, Master H. B., æt. 4, is a fair-haired sickly-looking boy. Lost a large quantity of blood after birth, by an ill-secured umbilical cord. Did not snuffle as an infant; did not have circum-anal sores nor a rash. Has always been delicate and fretful, but of late has been extremely cross and irritable. He is so bad tempered that there is no pleasing him in any way. He scratches his head, eats voraciously, frequently wishes to pass water, during the day and at night wets the bed, the diuresis

dates from a change of dress five months ago; the bowels are irregular. Advice has been sought in various quarters without success.

Physical Examination.—Having completely stripped the child, I placed him on a high table, and carefully examined him from head to foot. At the vertex I found a large patch of contagious impetigo, which had been known to exist more than twelve months. The lower liver line extended 1½ inches too low. The abdomen was protuberant and hyper-resonant. The prepuce was adherent to the corona all round its border, the adhesions were firmly organised, and evidently of some standing. The *meatus urinarius* was so contracted that it would not admit an ordinary surgeon's probe. The difficulty in expelling urine resulting from this contracted condition of the orifice had evidently led to a hypertrophied and irritable condition of the muscular wall of the bladder, hence the frequent call to urinate.

There was an unmistakable history of thread-worms, explaining the bulimy, and serving to throw fuel on the fire with regard to the enuresis.

The rest of the organs were sound.

Here was enough, more than enough, indeed, to throw ample light on the cause of this poor little fellow's unhappiness, which, it is needless to state, had been regarded at first as a kind of moral obliquity!

Treatment.—Having scraped the impetiginous area, I applied *iodised phenol*, and directed the part to be shaved, well poulticed at night, and dressed every morning with *liquoris carbonis detergentis* ℥i. *unguenti petrolei* ℥j.

I prescribed *pil. cina.* 1x.

I directed a teaspoon of Allen and Hanbury's Perfected Cod-liver Oil to be given each night at bed-time, and in addition ordered a very generous diet.

I explained to the parents that it would be needful to enlarge artificially the entrance to the urethra, and to tear back the adherent prepuce. I paid a visit to their house and found it in an insanitary condition, the waste of the scullery sink, and the overflow of the chief cistern, both communicating with the main sewer without disconnection. I declined to operate in the house till these points were rectified.

Nov. 5th. Enuresis worse; impetigo better; appetite more natural; he sleeps well. *Dulcamara*, 1x.

Nov. 28. Bladder more peaceful; he is happier; only a tiny scab left on the scalp. *Merc. sol.* 6.

Dec. 13th. I slit up the *meatus urinarius* freely above and below: and sent in an hospital nurse to apply a lint slip inside the meatus after each voiding of urine.

Unfortunately this nurse had neither the courage to apply the pad, nor to confess her inability to do so. So when the child was brought to me on January 7th, the meatus had healed up as small as ever.

I was compelled to again slit up the meatus, and this time I tore back the prepuce, breaking up the adhesions completely. After the second operation, I had the great advantage of the co-operation of my friend Dr. Anderson, who most carefully looked after the two points, preventing the prepuce adhering again, and keeping the *meatus* well open.

A No. 3 catheter now easily passed, and the boy could make water with a good bold stream. The increased comfort of the process was very manifest.

A little remaining constipation soon yielded to *nux vom.* 6.

After this he returned to the *merc. sol.* 6, and by Jan. 23, the sores on the *glans penis* had healed satisfactorily, the scalp was free from eruption; the enuresis had gone, and the liver was normal.

Meanwhile a very striking change had come over the *morale* of the boy. His bad temper quite forsook him, the skin grew clear and rosy, and he became just as docile, bright, and tractable, as he had formerly been the reverse.

This satisfactory issue of the case led to my being able to give an account of another case of cure of ill-temper: the second case standing in the relation of mother to No. 1.

They both serve to show well how frequently conditions which elicit only censure, should, on the contrary, excite our pity and our careful consideration as to the best means of rendering real help by a judicious combination of encouragement and remedial measures of all and every kind known to the physician, the sanitarian, and the surgeon.

Ill-Temper associated with Pelvic Disease.

No. 2.—*Diagnosis: Fissured cervix (subinvolution), Prolapsus, Endometritis (cervical erosion), Piles.*

About the middle of October, Mr. B. called on me, and made the following observation, "I wish you would speak to my wife about her health, she has been so extremely nervous of late." Now we all know that when a well-bred person says that any member of the family is "nervous"—it means in plain English that that member of the family is not very sweet-tempered!

When I came to make close enquiries I found things very bad indeed for Mr. B.'s chances of domestic felicity! His wife was always touchy and irritable, but before the period she felt "like one possessed," and would go off into uncontrollable screaming fits, mingled with violent language, and succeeded by the most profound prostration.

Her medical history was briefly this:—

Oct. 25th, 1881. Mrs. B., aged 30. Suffered "fearful pain" at periods till marriage. Since that has had four pregnancies and one miscarriage.

Flooded freely after her instrumental labour: has had a leucorrhœal discharge ever since having a family. She dislikes being alone, and often feels faint and low. She feels especially cross before her periods, which are profuse on the first day, then more scanty, and often intermittent. No bearing-down pains, but constant back-ache, with left inframammary pain. She is prone to constipation, and is troubled with external piles, which frequently bleed. She gets globus, and sometimes a feeling of confusion in the head. She is losing her hair and her memory. Her nights are disturbed by dreams. The mammæ are occasionally exquisitely sensitive, and the abdomen always feels too large.

I took an opportunity after a period to make a careful examination of the condition of the abdominal and pelvic organs. I found the cervix hypertrophied and very turgid. A laceration of its presenting aspect running upwards and to the right, extending to an eighth of an inch from the margin.

The cervical canal was eroded, and was found to be secreting pus freely.

The whole endometrium was extremely sensitive, bleeding freely on the gentle application of a wool-clad probe.

The corpus slightly subinvoluted, otherwise normal, excepting being a little tilted forwards, and prolapsed to the floor of the pelvis.

Piles were present, due doubtless to the cervical disease, for I found no evidence of liver complication.

The subinvolution was probably to be attributed to the fissured state of the cervix.

I gently dilated the two *ostia*, and introduced, after carefully drying the endometrium, a quadruple slip of iodised phenol lint as far as the fundus, followed by a nest-shaped tampon of opium and glycerine. These to remain *in situ* for forty-eight hours. On withdrawal to be followed by a half-hour's hot calendulated irrigation, with raised hips.

The last two inches of the lower bowel to be freely anointed with verbascum ointment before and after each dejection; the latter to be secured daily by means of a warm enema of soap.

I ordered a light diet of eggs, fish, fruit, and vegetables, and the most absolute rest. *Ignatia* 1, pil. ij., half an hour before each meal. *Merc. corr.* 3, pil. ij, at bed-time. Extract of *hamamelis* to be applied pure to the breasts, if tender, morning and night, after hot fomentation.

It is needless to give the details of each visit, suffice it to say, the application of iodised phenol was repeated about once a week, and the remedies employed were: *nux vomica* 3x, *chin. sulph.* 6, 1x gr. ½, *actæa* 1, *podoph.* 1x, *hamam.* ø, *puls.* 1.

I find an entry on Dec. 10, after forty-six days treatment, that she feels better and happier, there is less backache, no nausea, the piles are nearly gone, and she has had but one hysterical attack, less violent.

Her friends think her quite another person, she is now so cheerful.

On the 19th of February she was dismissed cured, after nearly four months treatment, and early in March became pregnant.

SECRET ENEMIES OF MEDICAL EFFORTS.

By G. Proell, M.D., Gastein.

If a physician could but accompany his patients from morn till night, like a shadow, he would soon notice many little things which would explain, in the first place, why they were ill, and secondly, why they did not get better, in spite

of the most careful prescriptions. But the physician unfortunately is not always able to ferret out these little affairs of daily life. Let us accompany an invalid in imagination throughout a day. First let us notice the time and manner of his rising. Laziness in getting up is the first enemy we have to deal with, that is to say, many persons stay in bed much longer than is suitable to their age and constitution. Persons of plethoric habit, stout short-necked patients with red complexions, who fall asleep again after once awakening from the first sound sleep, seldom derive much benefit from subsequent slumber. The brain becomes hyperæmic, and the whole nervous system stimulated. I know many invalids who find that on first awaking from sleep they feel bright and refreshed, but on dozing off again they awake the second time with dull headache, which increases every hour they remain in bed. This habit of lying in bed induces a disposition to apoplexy, especially in plethoric persons. I had at Gastein a striking case of general paralysis in a young peasant who used to lie in bed dozing most of the day, for a period of two years. A physician who was called to him before me, and who did not elicit these particulars, declared the case to be one of incurable spinal disease. I was, however, successful in effecting a complete cure in three months, simply by forcing him to rise very early in the morning, and to remain most of the day in the open air. At the present time this young man is one of the most vigorous in the valley.

In persons with predisposition to chest diseases, this habit of lying in bed is very prejudicial. The function of respiration is considerably weakened, breathing becomes slower and slower, and even stertorous, as if in apoplexy. A friend of mine, who suffered from this tendency to pulmonary disease, told me that he could hear his own slow stertorous breathing whilst half awake every morning, if he remained in bed much after six o'clock. I am sure that many chronic affections of the bronchial tubes owe their origin to this habit of lying late in bed.

There is a certain limit to all functions, *Est modus in rebus, sunt certi denique fines quos ultra, citraque nescit consistere rectum.* But, as a general rule, physicians allow patients to sleep as long as they please.

In another class of patients, the congestion, caused by over sleep, falls on the medulla oblongata, and produces nervous weakness of the upper and lower extremities, and

also of the rectum and bladder. Everyone knows the expression, *sleep-drunk*, (schlaf-trunken), which denotes the state of paralytic weakness seen in a person suddenly awakened from sleep, and obliged to walk before he is thoroughly awake. There are many invalids who suffer from weakness of the limbs, for which no other reason can be found save this habit of over-sleeping. I have frequently seen cases of retention of urine and fœcal matter arise from this very same cause.

In the great sympathetic nerve tract I have seen the fatal influence of this habit. The victims become plethoric (the French say, *dormir la grasse matinée*), and the stomach and digestive tract are enfeebled.

Last, but not least, the influence of this habit is often seen in the genital nervous system, especially in young men of sedentary habits. On working days they have to arise at an early hour, and find themselves refreshed. On Sundays and holidays they awake at the usual time, but, remembering that there is no need for them to arise so early, they fall asleep again, and are perhaps troubled by an erotic dream (caused by congestion of the cerebellum). Results similar to those occasioned by this kind of excitement are also noticed in convicts who are hung, and arise from pressure on the medulla.

In both sexes the habit of lying a long time in bed after being awakened is the primary cause of excitement of the genito-urinary nervous tract, and is a frequent cause of vicious habits. No physician has more opportunity of noticing this than one practising at Gastein, because to its electrical waters invalids come from all parts who have suffered from this deplorable habit. In many young men I have cured this unfortunate tendency by the use of an alarm clock, which calls them at 4 a.m. They then get up, and prepare their own breakfast, eggs and milk (to supply phosphorus), and bread and butter. By so doing they keep themselves awake and occupied.

Such an alarm clock is very cheap, and lasts longer than more doubtful remedies, and has a more certain effect than the latter.

At a future date I will proceed to the consideration of an invalid's toilet, then to their dress, habits of sitting and walking, divers manners of eating and drinking, sleeping after meals, and other circumstances which are often considered trifling, but in reality are of great importance.

RAPID CURE OF ULCERATED MOUTH AND FAUCES BY *MERCURIUS CORROSIVUS.*

By Dr. J. Harmar Smith.

Surgeon-Major A., a retired army medical officer, residing in a rural part of the Isle of Thanet, middle-aged, of free habits, drinking and smoking a good deal, but says he never had syphilis.

I visited this gentleman first about a year ago. I found him suffering from extensive ulceration of the mouth and throat, with ptyalism. There were deeply excavated ulcers of the tonsils, of the mucous membrane lining the buccinators on both sides, of the sublingual mucous membrane, and of the lips.

I prescribed *mercurius corrosivus*. I told him what I was giving. He promised to give the medicine a fair trial, and agreed that if it cured him he should certainly become a homœopathist.

The effect was remarkable—more rapid than I had anticipated. There was immediate relief of the more urgent symptoms, and when I called upon him in less than a week the ulcers were perfectly healed—there was no trace of them—and the ptyalism gone.

On October 23rd last I visited this gentleman again, and found him suffering under precisely the same symptoms, but this time he was much more depressed than before. He had been taking *chlorate of potash* without the slightest benefit. I prescribed *mer. cor.* as before.

On the 29th ult. I met him in the street, when he shook me heartily by the hand, telling me that I had cured him a second time. He was perfectly well.

I think this case worth recording, as illustrating the rapid action of a medicine well known to the old school, but used by them on a very different principle.

I myself lately proved the virtue of *mercurius*. I had several old stumps which had been very painful, with ulceration of the gums, so as almost to prevent eating.

After taking a pilule of *mercurius solubilis* (2) thrice daily for a few days, the ulcers were healed, and the trouble at an end.

Ramsgate, November 14th, 1882.

CLINICAL NOTES.

Chorea.

By C. H. Evans, M.D. Chicago.

Miss ———, aged sixteen, a blonde, well-built, well-nourished, menstruated regularly, of previously good health and attending school constantly for a number of years, without any premonition became melancholy, apathetic and languid, and complained greatly of fatigue from ordinary or slight exertions, which seemed to exhaust her exceedingly. Chorea shortly supervened, and for this disorder she was brought to me. The choreic movements were mostly confined to the extremities, the arms being chiefly affected, and the right more than the left side of the body. Articles held in her hand were jerked from between her fingers by the irregular movements, and thrown upon the floor or across the room. She complained of almost constant frontal headache, which extended to the eyeballs and deeply into the orbits, and thence through the head to the occiput. The ocular pains were quite severe, and there was also intolerance of light with lachrymation. Pain in the lumbar region was also present. There were no uterine or ovarian symptoms. The heart was not examined. *Cimicifuga* 6 was prescribed, and taken in solution every four hours. Ten days later she reported herself as very much better in every respect. The remedy was continued, but its frequency changed to three times a day. Two weeks afterward, she called to say that she had entirely recovered, not only from the chorea, but from the attendant symptoms also. Three months have now elapsed, with no return of the disorder.—*The Clinique.*

Sanguinaria in Uterine Polipi.

By Dr. C. N. Hart, of Denver.

January 20, 1879. Mrs. R., of Denver, called to consult me in regard to a vaginal tumour. She had been treated for some time by a very able gentleman of our school, who was then sick. He gave me as his diagnosis—a uterine polypus of such dimensions as to nearly fill the vagina, and for treatment he had advised her to have it removed surgically.

She "could not think of an operation, and yet the irritation of the mass was such that she was in continual pain."

Symptoms.—"The polypus had been growing gradually since the change of life some years since (being now about fifty years old)."

She had also been troubled with hot flashes, copious sweats, sluggish circulation, cold feet, an eruption resembling in nature nettle rash. She was very sensitive to the atmospheric changes, had sore gums and mouth, sick headaches, anxiety, with sensations tending toward catalepsy.

I found an excellently indicated remedy in *sanguinaria*. I gave it in 3x with a wash of a drachm of *sanguinaria* tr. to an ounce of *glycerine* and three ounces of water, to be used three times a day.

Improvement, from the first, was rapid for such a case. In four months, she ceased to complain, and since July, 1880 (over two years), not a sign of a polypus or the concomitant symptoms have appeared, excepting the rash, and occasionally a return of the sore mouth, which *mer. cor.* 30x, soon relieves.—*Ibid.*

A Case of Ulcerating Epithelioma over the Left Heel cured by Hydrastis.

By Dr. Mahendra Lal Sircar.

Babu K. C. B., aged 24, by profession a teacher, came to the Outdoor Dispensary on the 31st March, 1879, for treatment of an ulcer on the left heel.

Patient stated that while walking in his class he accidentally struck his left heel against a bench, which caused some pain in the part at the time. In the evening he observed a slight swelling of the heel. The pain disappeared in about two days, but the swelling continued, and gradually began to increase. At the end of about five months the swelling, which was soft and fluctuating, projected about ½ in. from the heel. A medical man supposing it was an abscess, advised him to puncture it himself with a needle, which he did, but instead of any pus only blood flowed rather profusely. About a week after this another medical man, making the same mistake, incised it. The consequence

was a much greater flow of blood, which had to be stopped by ice, pressure and styptics. After this he went to the Medical College Hospital, and was admitted in the ward of the first surgeon. The tumour was pronounced to be a nævus, and treated with astringent lotions, and hypodermic injections of tannic acid. As a result of this treatment, the tumour first became hard, and then began to slough. Tired of being tortured in the hospital, he placed himself under the treatment of a homœopathic practitioner. The benefit derived was slight and not permanent. He, therefore, again had recourse to the treatment of the surgeon who had treated him in the College Hospital, who this time paid him visits at his house. Strong nitric acid was applied to check the excessive proliferation of the granulating surface. The tendency to bleeding increased, tannic acid injection was again resorted to, which was followed, as before, by sloughing. Then chloride of zinc paste was applied and kept on for three days, which caused more suffering and more sloughing. The diseased part was examined microscopically and found to be epitheliomatous. All thought of cure was now given up, and amputation above the ankle was advised as the only chance of saving life. Thus frightened, the patient fled with his life from hospital where he had latterly gone again.

When he came to us we found the whole of the left heel involved in ulceration. The ulcer was of an oval shape, measuring 3 × 4 in. The surface of the ulcer was covered with soft, spongy, proliferating granulations, which were very thick, and gave the whole a protuberant appearance. The granulations were not quite painful, but they had a great tendency to bleed, indeed the slightest movement would cause profuse bleeding. The edge of the ulcer, where the diseased and the healthy parts met, was very painful and tender. The vessels at edge and of the surrounding parts were considerably enlarged. The whole part for some distance around was very hot. The sufferings of the patient were worse at noon, and from 10 P.M. to morning. Has been getting fever since three days with chilliness, burning of the eyes, but very little thirst. Tendency to mucous stools. A sensation of burning within the body which caused a desire for cooling things.

Treatment: For the tendency to profuse bleeding, we gave him *ham.* 6, which was continued till the 20th April. The tendency to bleeding was considerably diminished, but

there was not much improvement in the ulcer itself. The discharge continued as before, there was no sign of commencement of healing.

On the 21st April we gave him *hydras.* 3, and continued it for three days, but finding no improvement we changed the dilution to the 2nd, which we continued for three days with no better result. We kept him without medicine to the 9th May. On the 10th *hydras.* 5 was given. In the course of a day or two, the discharge became less, and from this time forth improvement was steady, the healing advancing from the circumference. By the 5th October the ulcer had completely healed.

The only local application used was warm ghee or clarified cow's butter. The patient was kept throughout the treatment entirely on vegetable diet, fish and meat having been strictly forbidden.

We see the patient now and again. He is hale and hearty. The cicatrix over the heel is firm and rather hard, being more corneous than skinny.

A Case of Malarious Fever in a child, with urination during chill, benefited by Cedron.

By Dr. M. L. Sircar.

Surendra, aged 4, has been suffering off and on since he was six months old from malarious fever. Spleen very much enlarged, extending in front to within an inch of the umbilicus, and downwards about two inches above the crest of the ilium. Very pale and anæmic. Last attack of fever has commenced since 23rd June. Fever is of the remittent type, aggravation from noon. Motions loose, yellow, three or four in 24 hours.

29th June. Fever came on a little after noon with slight chills followed by burning heat, and sleep during the first part of the sleep. *Aco.* 6, 1 dose. Fever left with perspiration by evening.

30th. No medicine. Fever came on as usual half an hour after noon, lasted the whole night, and continued till late in the morning.

1st July. The father of the child reported that both yesterday and day before the child used to pass urine during chill in a half drowsy state. *Cedron* 6, one dose at 11½ A.M. Fever came on at 2 P.M., later than usual by an

hour and a half, was of less intensity, but lasted the whole night. Max. temp. 103. Did not pass any urine during chill or any other stage of the fever.

2nd. *Cedron* 6, one dose at 7 A.M., and again at 2 P.M. Fever came on at 4½ P.M. Max. temp. 101.

3rd. *Cedron* 6, one dose at 7 A.M. No fever.

4th. No med. No fever. 5th. No med. No fever. —*Calcutta Journal of Medicine.*

REVIEWS.

The American Homœopathic Pharmacopeia. Boericke & Tafel.

THIS new pharmacopeia appears to us as complete a treatise on general homœopathic pharmaceutics as our present knowledge will permit. The volume bears evidence of extraordinary care and correctness, and contains notices of a large number of remedies.

The introductory chapter on pharmaceutic methods is clear and succinct, the various classes of tinctures, triturations, and solutions being mapped out with mathematical precision. Every drug has its reference to one or other of the classes for the method of preparation. Many of the drugs are of recent date, and scarcely known to readers on this side of the Atlantic. We find two so-called "nosodes" included amongst medicinal substances, namely, *psorinum*, and *lyssin*: the compilers are evidently not quite sure of the propriety of including the nosodes, as the rest of the tribe are relegated to an appendix, with the remark that they are only occasionally called for. When we consider their names and nature, we are only surprised that such filthy abominations should have been permitted even so much recognition. They belong to isopathy, and have nothing to do with homœopathy.

The characteristics of the various drugs are perhaps a little more fully described than in the *British Homœopathic Pharmacopeia*. The objection has been made by some chemists that the various forms of preparation are, some of them, quite superfluous, and in excess of the real requirements of pharmacy.

The book is considerably larger than the new *British Pharmacopeia*, and is very handsomely got up.

British Homœopathic Medical Directory, 1883. Liverpool: Thompson & Capper.

THIS little book contains the names, qualifications, and addresses of such medical men in this country as practise homœopathy, and are not ashamed of admitting that they do so. We notice

that thirteen names appear this year that were not to be found in the *Directory* for 1882. Five gentlemen who were included in last year's edition have died since it was published, and one has sailed for Australia. From one motive or another, ten have withdrawn their names. Of these, two have retired from practice, one has no legal qualification, three are so pre-eminently superior to the rest of their medical brethren that they decline any longer to allow their names to appear in the same list with them, as supporters of the same medical doctrine. The remainder refuse to acknowledge in this way that they practise homœopathy, but, to the best of their ability, continue to do so all the same. The *Directory* is a convenience, but it no longer represents all or nearly all those medical men who practise homœopathy; it consists exclusively of those who, while doing so, have the courage of their opinions.

British Homœopathic Pharmacopeia. Third edition. London: Gould & Son.

The publication of the new American *Pharmacopeia* was almost simultaneous with our own new edition, which has just come to hand. The second edition had been for some time out of print, and copies could only with difficulty be obtained, so that a new edition was urgently called for. The *Pharmacopeia* Committee, under the presidency of Dr. Drury, are to be congratulated on the satisfactory result of their labours; the present volume being in many respects a decided improvement on its predecessors. The great advances, especially in chemistry and botany, have enabled the editors to bring these departments well up to the standard of the present time. Several preparations, which have hitherto been used without any knowledge of their real strength, are in the present edition correctly defined, so that both the prescriber and the dispenser may know exactly what they are dealing with; as instances of this we may notice *phosphorus* and *sulphur*. Much care has been evinced in steering clear of any theories likely to provoke objection, the committee having decided not to use the word *potency* as involving a theory, the word *attenuation* being employed instead.

The first portion of the volume, treating of pharmaceutical processes, and the various weights and measures, has been greatly improved and added to, the various tables being given *in extenso*.

A very important factor in homœopathic pharmacy is the purity of the substances employed. This is provided for in the new edition, as far as possible, by a careful description of the various chemicals used in testing, and directions how to make the various standard test solutions. Volumetric estimations are

also provided for, in fact, the analytical part of the book reflects the very highest credit on the editors.

There is a very large appendix, containing references to medicines which have been but partially or imperfectly proved, but which are still occasionally used.

We are glad to be able to state that this volume is not defiled by allusions to the so-called "nosodes."

TASMANIA.

Its Climate for Invalids, &c.

By H. Benjafield, M.B., Hobart.

Where is Tasmania? will perhaps be the first question asked by half who read this; but if we still called our island Van Dieman's Land as of old, many would know where to look for the renowned penal settlement; but when we refused any longer to receive your outcasts, we changed our name into Tasmania, and Tasman's fair isle, as a few weeks ago declared by Joseph Cook, is one day destined to become the star of the Southern hemisphere, because our climate is just the climate for English people to thrive in. Our summers are very dry, but not hotter than a warm English summer, and the nights are nearly always so cool that very few people ever leave the blankets off their beds. During January, February and March, we rarely see an hour's rain, and often the dry intervals are much longer. Our winter would be considered in England rather absurd, as to an English mind it is no winter at all. Some rain, of course, and light frosts at night. But our average temperature in the winter is from 50° to 60°, whilst in the summer we rarely get above 70°. Some time ago I carefully made out our mortality, and all through the country districts it only reached 10 in the 1,000. The town mortality is higher, but it is difficult to estimate precisely, as so many sick visitors come here from the country districts as well as from other Colonies.

At home medical gentlemen seem to pay but little attention to the differing climates of our Colonies, forgetting that the Gulf of Carpentaria is nearly 2,000 miles nearer the equator than Hobart, between which are many and various temperatures. We here in Hobart often send our native born to the warmer Colonies, such as South Australia or Queensland, to winter, whilst again we find that they will do well there even in the summer, yet very frequently English patients come down here nearly killed by their heat. They talk very comfortably about 120° in the shade, but your British patient feels anything but comfortable in it, and has to rush down here to save his life. Most of the children who come from the other Colonies are tall and thin, with tawny yellow faces, but our children have as rosy cheeks as

any you see in England. A Sydney lady yesterday, on seeing my children, said "I would give anything to see my children with such cheeks as those."

The fruitfulness, too, of our climate is far beyond anything seen in England. Vegetation goes on all through the winter, and in reality the three summer months are our most barren period. We grow all kinds of English fruits in enormous quantities, shipping immense quantities of green fruit and jam to the other colonies, and expect soon that it will reach India and even England. The average price for gooseberries, currants, plums, apples, pears, &c., is 5s. a bushel, apricots and peaches a little higher.

Dr. Murray Moore some time ago sent you an account of my practice here. The progress of homœopathy is simply limited for want of medical men to practise it. I am the only one in the island, which is nearly as large as Ireland, and have been obliged to give up all club and accouchement practice (amounting to £500 a year), because I had no time to carry it on. I believe a man of the right stamp would make easily £1,000 a year in Launceston, and there are a dozen districts in Tasmania which, well worked, would yield £500. Give us enough good men, and we will soon show allopathy whether homœopathy is dead.

NOTABILIA.

HOMŒOPATHY IN HOBART TOWN.

An effort has lately been made to obtain some beds or a ward in the hospital of Hobart Town, in which the patients shall be treated homœopathically. The application was rejected by the Board. We cannot say that we regret that it was so. We do not feel any regret simply because we have no confidence in the honesty, *quoad* homœopathy, of the large majority of medical men. We have known too many who had proved themselves, in every other relation of life, to be men of the highest character, who, whenever the subject of homœopathy was mentioned, gave way at once to slander and falsehood of the grossest type, to enable us to do so. The majority of medical men have no desire to know whether homœopathy is true or not. Their only feeling regarding it is one which prompts them to prevent any opportunity being given which may show that it is true. Such being the case, who would like to trust patients to the care of house-surgeons and nurses who have every facility for tampering with his patients, for interfering with the medicines prescribed, for neglecting instructions, and for doing many things calculated to neutralise the best directed efforts at cure? And these house-surgeons and nurses, under the direct influence of men whose

chief object is to prove to the public that what one is doing to promote recovery is useless! To place a physician in a hospital, for the purpose of curing the sick, and to associate with him, in the same institution, men who will do all in their power to prevent him from doing any good at all, is suicidal. We rather congratulate Dr. Benjafield on the failure of his well intended efforts to extend the advantages of homœopathy in his neighbourhood.

LONDON HOMŒOPATHIC HOSPITAL.

The fourth annual dramatic performance in aid of the funds of the hospital was given at St. George's Hall, Langham Place, on Thursday, January 18th, and the hospital is certainly to be congratulated on this further effort of the "Thalian" amateur company. So far as the term amateur is understood to imply feebleness and want of conscientious thoroughness in artistic work, the company is misnamed. As on the previous occasions, when the "Thalians" have performed in aid of the hospital, there was very little "amateurishness"—to borrow a theatrical expression—about any of the actors. Of course, Mrs. Conyers-d'Arcy, the Director, and Captain Conyers-d'Arcy, the Stage Manager, played with their usual good taste and easy mastery of situation, while those who had seen Mr. Douglas Fourdrinier previously in a most dignified and stilted character, as the hard man of fashion without heart or emotion, must have been startled and delighted with his perfection in the character of an uneducated, but tender-hearted and faithful old family servant. The *pièce de résistance* was Mr. H. J. Byron's comedy, "Old Soldiers," and Kate McTavish was played by Mrs. Conyers-d'Arcy, Lionel Leveret by Captain Conyers-d'Arcy, Cassidy by Mr. Douglas Fourdrinier, Captain McTavish by Mr. W. Harwood, Mrs. Major Moss by Miss Lucy Roche, and Mary Moss by Miss Ivan Bristow. The character of Kate McTavish did not give opportunity for the display of charming manner which made the acting of Mrs. Conyers-d'Arcy, when that lady played in "Forgiven" three years ago, a thing to be remembered, neither did it allow of the power and vivacity she displays as Lady Gay Spanker, in "London Assurance," but it is needless to say that she played the obedient and honourable daughter of a harsh and unscrupulous fortune-hunting father in a most admirable way, and secured the sympathies and applause of the audience. Mr. Harwood, as Captain Mc Tavish, had a character which it was perhaps alike impossible and undesirable to play pleasantly, and certainly his "get up" and his manner were eminently suited to an eminently disagreeable character. Captain Conyers-d'Arcy as Lionel Leveret surpassed his former efforts, his gentlemanly ease, his perfect naturalness, his indolent *non-*

chalance fitting to perfection the character of a luxurious, rich, easy-going, good-natured, but by no means foolish bachelor. Miss Lucy Roche was effective and much appreciated as Mrs. Major Moss, and Miss Ivan Bristow very charming as Mary Moss. The other characters, Gordon Lockhart (Mr. Charles H. Lamb), Major Fang (Mr. Harry Longhurst), Mr. Mawker (Mr. Walker), were well sustained, the "make-up" in the two latter cases being exceptionally good. As Cassidy, the old soldier and family servant, Mr. Fourdrinier will not soon be forgotten by the audience, and has the merit of having secured at once and retained all through the sympathies of the audience. "Old Soldiers" was preceded by a comedietta, by Fred. W. Broughton, "Withered Leaves," which was fairly well played. Mr. A. Dean again organised a select orchestra. The audience was greater than we have seen on any previous performance for the Hospital, though its audiences are always numerous, and the proceeds have been similar to those of previous years—one hundred pounds. On the whole, Mr. Chambre—who is at once the official Manager of the Hospital and Honorary Secretary and Treasurer of the "Thalian" Company, and on whom the responsibility for the success of the effort mainly falls—is to be congratulated on the result of his exertions.

MEMORIAL TO DR. BAYES.

Dr. Belcher, of Brighton, has written to us, and sent out circulars to the profession, suggesting that a memorial to Dr. Bayes's memory should be got up, and take the form of endowment of a ward or beds in the London Homœopathic Hospital, and to be called the "Bayes Ward," or the "Bayes Beds." This is an excellent and well-timed suggestion. We feel sure that all members of our profession and many of the public will esteem it a privilege to subscribe to this memorial. Dr. Bayes's sudden death removes from us one who for years has been intimately associated, by his activity and zeal, with the progress of homœopathy, and no one is more worthy of a permanent memorial than our departed friend. The universal esteem and regard in which he was held by all, even by those who differed from him in matters on which he had set his heart, is so well known that it does not require any advocacy on our part to support the memorial scheme. At the same time, no more fitting form could be selected than the endowment of a ward or beds in the hospital in which he always took such a deep and active interest. One of his most cherished schemes was the enlargement of the hospital to 120 beds, and it would be a graceful tribute to his valued memory to associate the commencement of this desirable enlargement of our hospital with

his name, and so to make our loss a gain to the cause he had so much at heart, and in a way which would have so delighted him, had he lived to see it accomplished. Dr. Belcher, 12, Pavilion Parade, Brighton, will be happy to receive subscriptions, and we trust they will be sent in with a liberal hand. We are informed that the treasurer of this fund has received subscriptions varying in amount from £100 to 10s., from the following ladies and gentlemen :—

Antrobus, The Dowager Lady.
Abbs, Mr.
Blake, E. T., M.D.
Bunton, Miss.
Baynes, D. G., M.D.
Borthwick, Sir Algernon.
Berner, Garnet de, Esq.
Broderick, The Hon. Miss.
Baylis, The Rev. E.
Burlingham, R., Esq.
Buxton, H. E., Esq.
Burton, The Dowager Lady.
Baylis, Miss.
Burlingham, Mrs.
Chambré, A. E., Esq.
Coope, Mrs.
Cooper, Mrs. G.
Clark, Mrs. A. F.
Coltein, Miss.
Cushney, Alexander, Esq.
Cate, A., Esq.
Drury, W. V., Esq., M.D.
Dudgeon, R. E., Esq., M.D.
Dallas, Mrs.
Debede, Mrs.
Edgelow, W. F., Esq., M.D.
Engall, T., Esq., M.D.
Epps, J., Esq.
Everard, Mrs. E.
Epps, J., Esq., Jun.
Flaleman, A., Esq.
Goldsmid, Miss.
Gardner, Mrs.
Gurney, Mrs. S.
Gregone, Mrs.
Henderson, Mrs. H.
Hughes, R., Esq., M.D.
Hawkes, A. Esq., M.D.
Hayle, T., Esq., M.D.
Hayles, T. H., Esq., M.D.
Hodgskins, Miss.
Hambro, Mrs.
Jenyns, Miss.
Lake, W. R., Esq.
Leath & Woolcot, Esqs.
Mathieson, D., Esq., M.D.
Marron, C. G., Esq.
Morgan, S., Esq., M.D.
Morgan, Major Vaughan-.
Mansell, Esq., M.D.
Newshern, Rev. G.
Nicholson, J. D., Esq., M.D.
Nankevill, H.. Esq., M.D.
Osborne, Miss.
Rose, Miss.
Rosher, F., Esq.
Rose, Miss H. E.
Rich, Miss.
Ross, Major.
Risher, G., Esq.
Radford, Mrs.
Stephenson, Mrs.
Stephans, Miss S. M.
Sampson, Mrs.
Sampson, Miss.
Tuckey, E., Esq., M.D.
Tabley, Lord de.
Thorold, Lady.
Trossear, J. de, Esq.
Walun, G. E., Esq., M.D.
Williams, A., Esq., M.D.

PRIZE ESSAY ON THE PREVENTION OF BLINDNESS.

We have received, through the kindness of our energetic colleague, Dr. Roth, the programme for the prize competition on this interesting subject. The first prize is of the value of £80; the second, £40; and silver medals, with diplomas of honour, to such of the essays as may be recommended. The subjects for discussion are set forth in the following synopsis :—

I. The Study of the Causes of Blindness:

a. Hereditary causes. Diseases of parents, consanguineous intermarriages.

b. Infantile eye diseases. Various inflammations of the eyes.
c. School period and time of apprenticeship, progressive shortsightedness, &c.
d. General diseases. Diatheses, various fevers. Chronic poisoning, &c.
e. Trade influences. Wounds and accidents, &c. Sympathetic ophthalmia.
f. Social and climatic influences. Contagious ophthalmias. Unhealthy habitations; defective lighting &c.
g. Neglect of treatment and bad treatment of eye affections.

II. The Study of Practical Preventive Means:
a. Legislative means.
b. Hygienic and professional means.
c. Educational means.
d. Medical and philanthropic means.

The manuscripts are to be sent to Dr. Haltenhoff, the Secretary to the Jury, at Geneva, not later than the 31st March, 1884. Each essay must bear a motto, which is also to be written on a sealed envelope containing the name, Christian names, titles, and address of the author.

THE LONDON SCHOOL OF HOMŒOPATHY.

A MEETING of the Committee was held at 52, Great Ormond Street, W.C., on Thursday, 28th December, 1882, at 8 p.m. Present: Major Morgan (in the chair), Drs. Pope, Cooper, C. L. Tuckey, Dyce Brown, T. G. Blackley, Dudgeon, Anderson, Messrs. Boodle, Chambre, and F. Rosher.

After the minutes of the previous meeting had been read and the financial statement discussed, the following resolution was moved by Major Morgan, seconded by Dr. Dudgeon, and unanimously carried:—

The Committee of the London School of Homœopathy beg to offer to Mrs. Bayes their warmest sympathy under the sad and sudden bereavement which has just befallen her, and they desire to place on record their appreciation of the very valuable services which Dr. Bayes—the founder and energetic supporter of the School—has, during so many years, rendered to the art of medicine by his unceasing efforts to promote the study of homœopathy.

Letters were read from several members of the Committee who were unable to be present, expressing their sense of the loss sustained by the School in the sudden death of Dr. Bayes.

It was resolved that the scheme for Incorporating the School should be adjourned until after the annual meeting. The Annual General Meeting was fixed to take place on Tuesday, 10th April, at 3 p.m.

IN PERILS BY HYSTERICAL DELUSIONS.

Divers perils beset the professional life of a medical practitioner, but there are few, if any, so difficult to escape as the hot and scathing breath of scandal, through the half hysterical and half vicious calumnies of women. It is cause for sincere congratulation and thankfulness that the proportion of instances in which this perpetual and universal danger to which members of our profession are exposed is signalised by a catastrophe, is so small as to be almost insignificant. When, however, a scandal *does* occur, it is notorious, and the effects it produces are calamitous in a degree which seems to be enhanced by the fact that medical men habitually incur the direst risks, and, except in the rarest instances, with impunity. Nevertheless it cannot be disguised that the practitioner is always very much, and in a most important sense, at the mercy of his female patients. Even though the wholesome and expedient precaution of *never* seeing a woman alone be rigorously adopted, it is impossible to assure the character against aspersions which do not need to be clearly defined in order to render them damaging. It is only too true that whatever may be the ending of a slanderous assault on the reputation of a medical man he cannot fail to be the sufferer, unless, indeed, the most fortuitous circumstances should combine to clear his character. We have at this moment in recollection a case in which a charge was brought with every appearance of plausibility by a young woman against a hospital physician; and in such a way that, but for the spirited friendliness of his colleagues, he must have fallen a victim to the calumny, when, by the most wonderful good fortune, the true nature of the imputation was suddenly and unexpectedly made apparent by the patient developing an attack of acute mania within a few hours of the narration of her perfectly coherent and precise story. It is seldom indeed that a medical man so placed has his character so promptly and triumphantly vindicated.

As a matter of fact, the presumption is always against the truth of any assertion made by a female patient maligning her "doctor." It is in the highest degree improbable that any man who has passed through the training indispensable for a medical qualification should—unless he be insane—so far forget his position, or be affected in such a manner, as to commit himself. Nothing short of the most conclusive evidence ought to suffice for the proof of guilt in the case of a qualified man so situated as to be the subject of an imputation. The whole conditions of a medical or surgical procedure are incongruous with the bare idea of offence. We do not hesitate to declare that, except on the clearest and most incontrovertible evidence, we would not believe it possible that a brother so placed should offend. On the other

hand, nothing is more likely—we had almost said natural, but let us rather say morbidly probable—than that a woman affected with any of several maladies which call for surgical interference, should develop one of those prurient states of mind which are, indeed, *symptomatic* of the diseases to which we allude, and become the victim of a characteristic delusion of which the medical man in attendance is readily made the primary figure. Knowing these facts, patent as they must be to every member of the profession, and recognising the besetting peril of practice among women, it is inexplicable on the one hand, that medical men should ever neglect the precaution of having a trustworthy female witness present during the whole of every necessary examination or operative proceeding; and on the other hand, that any member of the profession should for one moment cherish an evil thought of a brother practitioner, or entertain a suspicion of his integrity while the imputation cast on his honour is as yet unproved. The danger of a baseless charge is so great that no man should despise or underrate it; and the improbability of actual wrong-doing is so high that no reasonable person should entertain a belief in the fact of its occurrence so long as there remains room to doubt it. We cannot too strongly insist on the duty of protecting ourselves, and defending others from the least breath of scandal. No medical man is justified in trusting to the honour of his patient. Setting aside the possibility of a malignant purpose, it should be distinctly borne in mind that no woman who suffers from a uterine or ovarian trouble of any kind, or who is the victim of hysteria or mental disease of whatever class or description, is safe from the sudden development of a psychological reflex that may easily take the form of a personal delusion which shall place her medical attendant in an equivocal position. This contingency, which need not involve any overt or recognisable disturbance of the intellectual faculties as a whole—and which may therefore lead to the fabrication of a perfectly coherent and circumstantial story—does not appear to be generally understood and anticipated. The present is not—unhappily—an inopportune moment to remind the profession generally of a fact which is continually present to the mind of the alienist, and of which lunacy practice affords frequent and conspicuous examples. Looking to the facts of the case, it is, indeed, surprising that practitioners who are almost daily placed in a position of extreme delicacy enjoy a large measure of immunity from the consequences of a danger which perpetually overshadows them. Let him that thinketh he standeth in no peril of this description take heed lest he fall a victim to its toils.—*The Lancet.*

THE TREATMENT OF ECZEMA.

The following excellent practical remarks, which though at once simple and obvious, are so frequently lost sight of by many when prescribing for a case of eczema, that they are well worth reprinting here. They occur in the course of a clinical lecture by Dr. Sawyer, of Birmingham, published in the *British Medical Journal*, December 23rd, 1882.

"Do not neglect to learn the treatment of diseases of the skin, and especially of eczema, by far the commonest of such affections, and of which you can always find many examples in our out-patient work.

"By attention to a few well-established details of practice, eczema can generally be cured, and always greatly ameliorated. I want to impress upon you two points of practical moment. Eczema is often brought out and kept up by local irritation; and it is always an expression of a diathesis. We can often best treat eczema by not regarding it as a disorder of the skin. In failure to recognise and treat successfully the general constitutional condition with which the affection of the skin is associated, and which is its foundation, lies a frequent source of failure to cure eczema. Eczema is mostly a local expression of one of several diatheses—the strumous, the gouty, and the nervous. Some local irritation usually determines and frequently keeps up an eczema, and is its ultimate cause; but the proneness to the local malady, its penultimate cause, the reason why the local irritation results in eczema and not in something else, is to be found in some general constitutional abnormality. In a case of eczema, before you prescribe drugs always search for, and finding, remove causes of local irritation, such as dirt, lice, scratching, rubbing, the wearing of flannel next to the skin, or the exposure of the affected part to the irritating action of heat, cold, water, discharges, bad soap, or any mechanical or chemical irritants, such as are met with in various occupations."

A CAUTION FOR PLUMBERS.

On the 8th ult., in the Croydon County Court, an important action was brought by a plumber named Dee against a civil engineer named Dalgairns, for upwards of £30 for the erection of a lavatory. Defendant made a counter claim of £120, on the ground that the work, being improperly done, sewer air escaped into the house, and caused the illness of six members of the household, and the death of his son. He therefore claimed the doctor's bill and other expenses.—The Judge struck out the Plaintiff's claim and gave judgment for the Defendant.

THEIR "SHIBBOLETH."

THE *Lancet*, in noticing the failure of the effort recently made to get homœopathy introduced into the hospital of Hobart Town, asks—"When will the homœopaths see the necessity to abolish their shibboleth?" In plain English, the editor wants to know when we shall cease to use the word homœopathy. When we shall no longer acknowledge that we are homœopathists! We commend to his notice as the best answer we can give him the following remarks of Dr. Drysdale at the Liverpool Congress in 1877. He said: "I must protest against being confounded with those, if such there be, who seem to think that it depends upon us whether we give up the title homœopathic as a body. It does not depend upon us. As long as we believe that the homœopathic is the law of the action of specific medicines, so long must we, in common honesty, openly confess that we do. While our professional brethren separate themselves from us on that account, and falsely brand us as sectarian, we must be content to bear the accusation. Until the majority of medical men return to the behaviour of men of science and gentlemen, and allow homœopathy to be discussed like any other theory in medical literature and societies, there must exist a separate literature and societies, to which no more appropriate name than homœopathic can be given."

INSANITY AND SIN.

EVIDENTLY Dr. S. H. Talcott, Superintendent of the Middletown, N. Y., Asylum for the Insane, doesn't hold "a majority of the stock" in the "Moral Insanity" business. In the introductory lecture to his course on Insanity in the Hahnemann College of Philadelphia, he discussed the mental condition of President Garfield's murderer, and summed him up as "solidified sin—a corrupt chunk of the original raw apple." Dr. Talcott had excellent facilities for studying the mental and moral characteristics of that distinguished villain, and if his logical methods of solving the question of Guiteau's mental condition were more frequently applied in our courts of justice, the plea of insanity would speedily lose some of its attractions, and human life would be more secure.—*Hahnemannian Monthly*, Dec., 1882.

MURDOCK'S LIQUID FOOD.

THIS preparation is an extract of beef, mutton and fruits. It is well made, is pleasant to take, and in cases where it is necessary to give nutriment in a highly concentrated and at the same time easily digestible form, it will be found advantageous. The Agent for it in this country—it is an American food—is Mr. Alfred Heath, of 114, Ebury Street.

THE HAHNEMANN LECTURE, 1883.

THIS Annual Lecture will be delivered on Tuesday, the 2nd of October, by HENRY BLUMBERG, Esq., M.D., J.P., of Southport. All who know Dr. Blumberg will, we are sure, look forward with well assured pleasure to the opportunity of listening to an address at once learned and eloquent.

GRATITUDE DURING ILLNESS AND AFTER RECOVERY.

THE ensuing lines were suspended, framed and glazed, in the hall of Mr. Beesly, a surgeon, to whom Sir W. Blizard was apprenticed :—

The surgeon's like a god, whom men adore
When death about the sick man's bed doth soar;
Then hath he great respect and high regard,
Fed with the smoky promise of reward;
But as the patient doth begin to mend,
So doth the surgeon's godhead straightway end:
Yet such attendance on him still is given
As if he were an angel come from heaven.
When health with strength the patient doth inspire,
To sleep, eat, walk, and sit up by the fire,
Then straight the surgeon's state angelical
In his esteem unto a man doth fall.
Last, when the sick or sore is healed again,
And payment seeks the surgeon for his pain,
Not god nor angel is he counted then,
He is not even entertained as man;
But through ingratitude, that hellish evil,
They bid the surgeon welcome as the devil;
So, when thy patient ill is, ask the fee,
For if he's well, then *patient* thou must be.

—*Students' Journal.*

LIBERTY *versus* TOLERATION.

THE old allopathic code *forbids* consultation with any but members of its own school. The New York Code *allows* consultation with any legally qualified physician. The homœopathic code acknowledges the *right* of each physician to do just as he pleases about it. The choice is, prescription, toleration, or liberty. That any self-respecting homœopathist should accept the counsel of a New York allopathist, is to us incomprehensible. Every New York homœopathist is the subject of a standing insult, put

upon him by his allopathic neighbours. Had any tolerant and good-hearted brother tendered to Roger Williams "the privilege of worshipping God just as he wanted to," the stanch old freeman would have kicked him out of Rhode Island as an enemy of human rights. *He* proposed to have his rights *without* leave, and he *had* them. An honest physician knows that he must bear the responsibility of his own cases, and, therefore, dares not submit to the dictation of a society in *any* matter concerning the welfare of his patient. His liberty must reach as far as his accountability, and, to that extent, must be absolute.—*Hahnemannian Monthly, December*, 1882.

MORE EXCLUSIVISM.

ZIEMSSEN gives the recoveries in diphtheritic croup (under allopathic treatment, of course) as 5 per cent. The Allegheny County (Pa.) Homœopathic Medical Society's members report the recoveries under their treatment as $80\frac{5}{7}$ per cent. (*Vide Transactions of the Homœopathic Medical Society of Pennsylvania*, 1882). What an "exclusive dogma" it is, to be sure, which thus *shuts out* the angel of death from those 25 additional homes! —*Ibid.*

CORRESPONDENCE.

DIPHTHERIA AND TYPHOID FEVER.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—As the present illness of the Postmaster-General has excited considerable interest in the minds of the profession, on account of the somewhat rare complication which has arisen, that of typhoid fever following upon diphtheria, I venture to refer your readers to the record of two cases which happened in my practice at the London Homœopathic Hospital, and which appeared in your columns in March last (pp. 156-160) from the notes of our late House-Surgeon, Dr. G. A. Scriven. The cases were those of a mother aged 35 and of her daughter aged 7, and were admitted within a few days of each other. The symptoms in the case of the mother for two days before her admission and for the week following were those of typhoid (though without the characteristic rash) and were treated as such; diphtheritic symptoms, including the characteristic deposit of false membrane, were then superadded and the patient made a very tedious recovery. In the case of the child the order of the symptoms

was exactly the reverse of this, that is to say, she was, when admitted, suffering, to all appearance, from the early symptoms of diphtheria, and a small patch of deposit was seen at the back of the pharynx three days after her admission. At the same time, however, the symptoms of unmistakable typhoid steadily developed themselves, and the attack though not absolutely typical ran a sufficiently characteristic course to warrant the correctness of the diagnosis.

Yours, &c.,

J. Galley Blackley.

2, Gordon Street, W.C.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—At this season, we should like, with your permission, to ask public attention to a special effort which is being made at the London Homœopathic Hospital to extend the present arrangements of the Hospital for supplying Trained Nurses to nurse invalids at their residences. This branch of the Hospital work has now been in operation for many years, and so thoroughly and carefully trained are the nurses so employed that they have secured the highest encomiums of Physicians both of the Homœopathic and Allopathic Schools of Medicine, and notwithstanding that considerable additions have been made to the nursing staff, the supply is very far from being equal to the demand. They are sent to nurse private patients at a scale of fees calculated to leave a margin of profit, which is expended in the maintenance of the sick poor in the Hospital wards.

There can be no question of the importance of highly trained nurses. That is universally recognised, and the Board of Management think that they are acting in the interests of the public generally, no less than in those of the hospital on whose behalf we now address you, by continuing to increase the Nursing Institute attached thereto. But to this end, it is necessary that the Hospital shall be enlarged, and it fortunately happens that some adjoining premises—the property of the Hospital—are available, provided that sufficient funds are forthcoming to meet the outlay absolutely necessary to adapt them for the purpose in hand. We now venture, through your columns, to appeal not only to the generous friends and supporters of the Hospital, but to all who will be influenced by the fact that respectable and deserving young women are thereby assured an honourable employment and a comfortable home, to contribute towards the

estimated cost of £1,000, of which one half has already been contributed by the Board of Management of the Hospital and their friends. In other words, we appeal to the generous sympathy of all charitably disposed persons.

We are, Gentlemen,
Your obedient Servants,

EBURY,
Chairman of the Board of Management.

WILLIAM VAUGHAN MORGAN,
Treasurer.

London Homœopathic Hospital,
Great Ormond Street, Bloomsbury,
5th January, 1883.

THE TEACHING OF HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Whilst the recent discussions have elicited a diversity of views with regard to the policy to be adopted by the London School of Homœopathy, there seems to be a general agreement as to the desirability and even necessity of teaching the subject in some way. As orthodoxy dominates the entire medical education of this country, facilities for promulgating the distinctive features of homœopathic therapeutics are necessarily limited to so-called sectarian institutions. Although we may share Dr. Dudgeon's objections to the apparent sectarian position, and look forward to the time when it will be no longer necessary—the law of similars being then *the* rule of therapeutics—it is difficult to see how, in present circumstances, the knowledge of homœopathy is to be extended by its votaries remaining in the "orthodox stronghold," and attempting to illumine that ancient edifice by their "little lamp of truth." This policy would doubtless have the effect of throwing a flood of light on the curative power of medicines, but the *source* of that illumination would be completely ignored. In advising such a course as the most effectual means of spreading the knowledge of our subject, Dr. Dudgeon seems to overlook the fact that the same tactics have already been adopted by those whom he terms the despoilers of homœopathy. By thus plagiarising the therapeutics of the new school, orthodox practice is being gradually modified, and the distinctive lines of homœopathy are proportionately obscured. The medical public, however, not being "behind the scenes," remain entirely ignorant as to the real source of the reformed teaching, and reap the advantages of (crude) homœopathy, without the ostracism incurred by its acknowledgment. The tendency of such tactics is rather to foster the impression

that homœopathy is losing ground, its decline being attributed partly to the surrender of its essential doctrines and partly to the desertion of some of its reputed leaders. Instead of helping to regain "the position in established and recognised medicine which Hahnemann was forcibly deprived of," this policy of "masterly inactivity" has proved completely futile. The advice which Dr. Dudgeon gives to young converts appears somewhat contradictory—on the one hand the tacit adoption of homœopathy without severing their connection with orthodox medical institutions; on the other, the loud and persistent assertion of their claim to be considered the possessors of the "only true and scientific therapeutics." Unless we are prepared entirely to relinquish the latter claim, our presence in the ancient and populous establishment would not be tolerated, nor does "crypto-homœopathy" appear practicable. The only alternatives, therefore, are either the teaching of homœopathy in public institutions bearing the distinctive title, or the promotion of special courses on the subject in the recognised medical schools. The former plan has been adopted in the London School of Homœopathy, owing chiefly to the untiring efforts of the late Dr. Bayes, whose devotion to the cause will long remain in honoured remembrance. The work has been carried on by enthusiastic and able teachers, and although the results are by no means so encouraging as the sanguine promoters of the scheme anticipated, there can be no doubt that some progress has been achieved. Whether the proposed charter of incorporation (even if granted) will be of any service in augmenting the usefulness of the school is extremely doubtful. But in any case the facilities for instruction afforded by that institution are necessarily restricted, and there seems little prospect of extending its influence. Now the question arises whether the desired object would not be more fully attained by publicly urging the claims of homœopathy and seeking its recognition as part of the instruction to be given in the regular medical schools. It is obvious that a large section of the public—having experienced the advantages of homœopathic treatment, and requiring practitioners so trained—have the right to make their support of medical institutions conditional on the recognition of that system. The lay interest in homœopathy is probably more diffused amongst intelligent people of all classes at the present day than it has ever been in the past; and if the combined influence and resources of its numerous adherents were brought to bear on the existing medical monopoly, public institutions would be unable to resist such a claim. With this object in view an influential association might be formed, which would doubtless have the support and co-operation of every adherent of homœopathy throughout the Kingdom. By thus uniting public and professional interests and setting forth clearly

the purpose of the movement, we should enlist the sympathies of many who are now apathetic on the question, because they fail to discover enthusiasm in our own ranks. The public would be convinced that we have the courage of our opinions, and even if the movement should not entirely succeed in effecting the desired change, it would at least have vindicated the fame of Hahnemann as the original exponent of the most fertile truth in therapeutics. The latter result would surely in itself be worth a supreme effort. The question would also be brought to a practical issue by financial considerations, for charitable establishments (hospitals) could ill afford to lose the support of a large section of the public. In the event, however, of the orthodox institutions refusing on any terms to admit the practice and teaching of homœopathy, then the funds at the disposal of the association, might be devoted to the extension and development of the present (homœopathic) educational resources, or to the founding of a British School of Homœopathy, with hospital and complete organisation. That such a course had been rendered necessary by the exclusiveness of the existing medical establishments, would then be widely known and appreciated by the public. As an instance of the catholicity of spirit amongst the wealthy classes of this country, I may adduce the fact (for which I have reliable authority) that the large sum of £28,000 was contributed to the fund for building the New Infirmary in Edinburgh, by persons known (privately) as adherents of homœopathy. What would have been the effect on the managers, and the public generally, if the donors of this money had appended to their gifts, the condition that a certain number of medical wards should be appropriated to the practice and teaching of homœopathy ? *

There can be little doubt that if such a decided course had been adopted in past times, the due acknowledgment of homœopathy would ere this have been an accomplished fact. The extent to which homœopathic education and practice have won recognition and place in America, may indeed encourage the hope that a like achievement is not impossible in this country. If we are really in earnest and unanimous, the difficulties will assuredly be overcome. But a more intractable part of the subject presents itself, in the fact that there are, unfortunately, divisions in our own camp, which threaten the stability of the position. The sources of discord have been so fully discussed by Dr. Drysdale, in his able and comprehensive paper on the "Need and Requirements of a School of Homœopathy," that it

* The late Professor Henderson sent a donation of £500 with this condition appended, but the money was declined. A similar offer has since been made with a like result.

is unnecessary to dwell upon them here. That the progress of homœopathy should be impeded by the conflicting views of its followers, is, perhaps, the most discouraging feature of the situation. As Dr. Drysdale points out, the chief elements of dissension are represented on one side by those almost prepared "to sink homœopathy in the supposed neutral ground of empiricism and clinical experience," on the other by those who follow the inductive method of Hahnemann. The latter position interpreted freely in the light of modern research, appears to be that alone on which the recognition of homœopathy may fairly be claimed as the true basis of therapeutics.

Yours faithfully,

ALFRED PULLAR, M.D. Edin.

Edinburgh,
10th January, 1883.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. COOPER (London); Dr. HAYLE (Rochdale); Dr. BLAKE (London); S. HUBNDALL, Esq. (Liverpool); Dr. BENJAFIELD (Hobart, Tasmania); Dr. GALLEY BLACKLEY (London); ALAN E. CHAMBRÉ, Esq. (London); Dr. PULLAR (Edinburgh); Dr. HUGHES (Brighton); Dr. BELCHER (Brighton); Dr. WANLESS (Montreal).

Dr. G. LADE has commenced practice at 60, Darlington Street, Wolverhampton.

BOOKS RECEIVED.

British Homœopathic Pharmacopeia. Gould & Son: London.
Homœopathic World.
New York Medical Times.
Ontario Register.
Hahnemannian Monthly.
Chemist and Druggist.
British Journal of Homœopathy.
Medical Counsellor.
Calcutta Journal of Medicine.
Sammlung Wissenschaftlichen Abhandlungen aus dem Gebiete der Homöopathie.
Middletown Daily Press. December 8th.
Homöopatische Rundschau. Leipzig.
Homöopatische Zeitung. Leipzig.
Boletino Clinico. Madrid.
Bibliothèque Homœopathique.
American Homœopath.
New England Medical Gazette.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE STATE OF HOMŒOPATHY ABROAD.

LIVING as we do in a sort of therapeutic internecine warfare at home, at open antagonism, for the most part, with a profession, the salient feature of whose opposition is their crass ignorance of our doctrines, it is a relief at times to look far away from the circle of petty bickerings and snappings, and to comfort ourselves with the condition of homœopathy in other countries. It is a proud, but in some respects, we fear, rather an empty boast, of Englishmen, that our country is always in the van of progress. This may be so in many things, but, alas, it is equally true that wherever vested interests are concerned Englishmen are conservative to the last degree. Even as far back as the Reformation this has been a national characteristic. The condition of the Church had for years been such as to cry aloud for reform. Conscientious men admitted the necessity, but deplored any extreme measure. But reform was forced on the Church from a foreign land, and the whole current of English life and thought was changed by the action of one poor monk in Germany. For years before the time of HAHNEMANN the condition, we will not call it the science, of medicine was the open laughing-stock of its practitioners. England received the first rays of light in medicine, as in religion, from Germany.

At the present day we have to look out of England to find freedom in medicine; vested interests for the present are stronger than truth.

In England, owing to trades union strangulation, the number of homœopaths does not increase as rapidly as in some other countries. America supplied a fertile soil for the propagation of medical truth. Ever ready to take up anything new, that appears likely to be useful in any way, and accustomed to weigh new theories for themselves, the Americans refused to believe the slanders uttered by many of the old school, and adopted homœopathy. The rapidity of its spread there must be well known by this time to most of our readers. In the Universities of Michigan and Boston homœopathic professors are found on the staff, having an equal status with their allopathic colleagues. We have also fully a dozen schools of medicine in various States, all giving a complete medical education, and a diploma entitling their *alumni* to register and practise.

The Homœopathic State Medical Societies are incorporated, and have equal rights with the allopathic societies. The State Government Medical Boards are in part composed of homœopaths. Homœopathy takes its share in the charge of orphans and the insane, two large institutions in New York devoted to the reception of the former being under the charge of a homœopathic medical staff.

The first asylum that was placed under the care of a homœopath is at Middletown, New York, and the reports forwarded from time to time, by our most esteemed colleague, Dr. Talcott, give a most conclusive proof of the superiority of homœopathy in its curative influence in mental cases. And quite recently the asylum at Binghampton has been placed under the care of a homœopathic medical officer.

Homœopathic pharmacy, too, has made vast strides in the States, some of its representatives owning a series of establishments equalled by no allopathic firm in the world. Many of the more elegant preparations in pharmacy seem to come to us from our brethren across the water.

And yet homœopathy in the States is not quite free and unfettered. It seems that an attempt was made some time ago to obtain admission for homœopaths to the United States Army and Navy Medical Department. The authorities, however, refused even to admit them to an examination, and the subject has been taken up by the American Institute of Homœopathy, with a view to legislative removal of all restrictions. There is nothing in the Army Regulations to indicate that any particular creed may bar a candidate's entrance to the service. A circular letter has been addressed to the members of the United States Senate and House of Representatives, dealing with the various objections raised by the allopaths, and praying for relief from the evil.

Some of the objections and their answers we venture to reproduce, as the time may come when the same circumstances may arise in England.

Objection 1st.—"Only those educated in 'regular' colleges can pass the required examination."

Answer.—"A majority of the non-allopaths have been educated in allopathic colleges, and we ask only an equal examination with any and all other candidates, and upon this are willing to stand or fall."

Objection 4th.—"The non-allopath would be unable to properly use the (old school) medicines provided by the Government"—(for instance, a homœopathist.)

Answer.—"If properly examined, and passed, that would *prove his competency* to use the regular drugs of the Government supply-table."

Again, added to their ordinary use, he would be able to do *still more* with the same drugs, by using them according to his own particular and careful method.

Objection 5th.—"The admission of surgeons to the service, of different medical faith from those now engaged therein, would lead to the resignation of medical officers, or to discord, and even to quarrelling and disorder; or *jealousy of rank* would lead to refusal of obedience to one of a hated sect; thereby impairing the efficiency of the service."

Answer.—"Should common-sense prove to be so lacking, which we cannot believe, the laws governing the service, and the inexorable routine of military discipline, are omnipotent against all personal prejudices of this kind. Quarrelsome or disorderly officers, of any faith, religious or medical, succumb speedily to these forces; whilst disobedience of lawful orders brings first, practical inconveniences to the routine, speedily reacting upon the perpetrator; and dismissal from the service, followed by the substitution of better men, properly awaits the incorrigible, on either side.

"During the civil war, which drew in, under State authority, surgeons in large numbers from the rejected schools of medical practice, and of which some of the members of this committee are examples, these statements and positions were practically proved in actual and successful experience. General good order, and even *warm personal friendships*, marked the association of opposite medical sects."

The rest of the letter is occupied by statistical information culled from Government returns. This action of the American Institute affords evidence of a healthy vitality; their policy is very clearly laid down in the closing sentence, "Equal rights, not special privileges, are our petition."

Such is our faith in the freedom of thought and speech in the great American nation, that we feel sure that in the near future the prayer of this petition will be granted. When that happens, England alone of English speaking peoples will have the invidious distinction of a red tape, one-sided, pill-and-draught-by-routine system of medicine.

Homœopathy is freely represented in America in the prison medical authorities. As long ago as 1859 the State of Michigan took the lead by adopting the homœopathic system in the prison hospital, and the returns show that the sick list and hospital expenses were never so low as during the homœopathic régime.

Another evidence of the vitality of the system in America is found in the flourishing condition of our literature. From sea to sea there is scarcely a State or great city which has not its homœopathic publications, rivalling in importance and success the old-school periodicals. The present year has seen the extension of an old enterprise in a most commendable manner. We allude to the issue of the *United States Medical Investigator* in a weekly form, and we trust that its publishers may reap the success they deserve. This is, as far as we are aware, the first issue of a weekly homœopathic journal in the English language. We would gladly see a similar attempt made in England, as we feel sure that where our literature flourishes there is a sound interest awakened among all classes.

A new monthly, too, has been started in the far west, *The California Homœopath*, which will supply a means of intercommunication for the brethren on the Pacific slopes.

Passing from the United States we come, by a natural transition, to the Dominion of Canada. There we find, as in every English-speaking country except old England, freedom of thought, and, in a measure, equality in matters

medical. We recently received the Calendar of the Faculty of Physicians and Surgeons at Ontario, whose college ranks as high as any other in our colonies. In this we were pleased to find that the Medical Council, which is partly elective, has five homœopaths in its number, and that lectures in homœopathic Materia Medica are given, and examinations held, for students desirous of showing their proficiency in this branch of study. This is as it should be, and points out to us the direction in which our efforts should be aimed, so as to obtain an improvement of the present state of medical affairs.

In a very interesting paper in the *North American Review*, by Dr. DOWLING, late President of the American Institute of Homœopathy, some valuable statistics are given of the state of homœopathy in the American continent.

He says: "What is the standing of homœopathy to-day? Dr. SPEER (allopath) says, in the *Medical Record:* 'Although it has been received with derision by a vast majority of the medical world, it has steadily progressed in favour, overcoming obstacle after obstacle, until to-day the system of medicine founded upon it numbers among its patrons and steadfast friends a large proportion of the more intelligent and cultured people of each community.' This statement, coming from an old-school authority, and appearing in the most prominent of the old-school journals, is true. Scarcely a town of any size in the civilised world but has its fair proportion of homœopathic physicians and patrons. And at home here, in the United States, although it is but sixty years since Dr. GRAM, the first American homœopathic physician, settled in New York, we have our National Medical Association, the annual meetings of which are as largely attended as are those of the national old-school society. This society, the American Institute of Homœo-

pathy, was organised nearly forty years ago, and has been actively at work ever since. In addition to this, we have the Western Academy of Medicine, the American Ophthalmological and Otological Society, and the American Pœdological Society; 26 State medical societies, 99 county medical societies, 42 homœopathic hospitals, 34 free dispensaries, 17 homœopathic medical journals, 11 homœopathic medical colleges, 1 ophthalmic and otological college, and over 6,000 homœopathic physicians in the United States alone, and the printed literature of our school can be numbered by the hundred thousand pages. In our colleges every branch of medical science is thoroughly taught; the clinical instruction is fully equal to that of the old-school colleges; and to prove that homœopathy is advancing, I will state that, during the college session of 1880 and 1881, 1,250 medical students were in attendance in the various colleges, and the combined graduating classes of the spring of 1881 numbered 438."

Such, then, is a concise review of the state of homœopathy in America at the present time, a pretty strong refutation of the *Lancet's* periodical obituary notice of homœopathy. If homœopathy is dead why does the *Lancet* always try to reverse the time-honoured sentiment "*de mortuis nil nisi bonum?*"

The condition of homœopathy in almost every country is reassuring. Satisfactory reports from distant lands have from time to time appeared in these pages. South Australia is in advance of most of the colonies in the spirit of equality, the Chairman of the Hospital Board being our esteemed colleague the Hon. Dr. CAMPBELL, and homœopathy is represented in the hospital wards. Of the Colony of Victoria we have so recently spoken that we shall only allude *en passant* to the great popularity of homœopathy there, and to the rapid progress of the hospital in Melbourne.

In New South Wales, too, satisfactory results have encouraged our colleagues, the only difficulty in this, as in other colonies, being, that men are too few, and vacancies so many.

South Africa presents a fair field for homœopathy, Cape Town, Durban, and Maritzburg being, so far, the only cities which have experienced the benefits of settled practitioners. Much has been done in the up-country districts by missionaries, clergymen, and farmers, who carry their little case and books away into the recesses of the country. Homœopathy meets with a kindly reception amongst the Boers, and it is only recently that an appeal came from the Kimberley Diamond Fields, asking for some adventurous spirit to go there.

From India we continue to receive satisfactory tidings. The native mind, through their native homœopaths, is beginning to grasp the new doctrine. The sceptical allopathic mind will, perhaps, be tempted to say that a Hindoo can easily understand homœopathy, having been so long accustomed to be doctored with charms, and imaginary remedies. In reply to this, we would point to the Indian homœopathic press, and the instructive series of cases which our indefatigable colleagues publish from month to month, both in the vernacular and in English. And whilst on this point we would impress on our readers the great importance of published cases. There is not now the abundance of case reports which used to make homœopathic periodicals a mine of information to the inquirer and the student. The young practitioner learns much by reading the carefully reported successes and failures of others, and our American friends always devote part of their space to topics of this nature. Surely there is seldom a week passes in which a practitioner does not notice some case which would convey instruction, and would, doubtless, if

ported clearly and intelligently, be not only of general nterest, but of practical value in illustrating the actions of nedicines and the course of disease.

The periodicals published in the interests of homœopathy n different parts of Europe assure us that our therapeutic iews are attracting more attention than they have done of nte years. Especially is this the case in Belgium, and in Russia. In St. Petersburg the EMPEROR, in response to a petion presented to HIS MAJESTY by Dr. VON DITTMANN, who so worthily represented Russian homœopathists at the Conventon held in London in 1881, some months ago conceded a building to be used as a hospital for the treatment of diphneria. What may have been the degree of success obtained we know not, but are promised a full report at an early date. It was, however, sufficient to excite the animosity of the allopaths of the city to a very high pitch. The Board of Health, we are told, has issued an official announcement, and published it in the Government journal, declaring that homœopathy is no science—that it is not a method of cure, and simply an absurdity. This was subscribed by the leading members of the medical faculty n St. Petersburg. Fortunately, however, one of them, Dr. EICHWALD, a professor in the Military Academy, went further, and, in a series of lectures, endeavoured to demonstrate the futility of homœopathy. The newspapers credit him with having presented to his auditors "a striking and characteristic picture of the deficiencies of homœopathy;" with having proved its incapacity to cure any disease, saving epidemics out of the question; and that experience has fully proved the inconsistency of homœopathy as a medical science. This gentleman, who has set out to *prove* so much, has probably overshot the mark he aimed at. Our Russian colleagues are not the sort of men to be extinguished by an attack of this sort, and, ere long, a

reply of on overwhelming character will appear, in which the prejudices of the Board of Health, and the rhodomontade of the military professor, will be met by facts, and a thorough exposure be made of the stupidity and ignorance of the opponents of homœopathy.

Thus homœopathy is gaining ground all the world over. What are we doing in England? What endeavours are being made to attract medical men and medical students to the study of the greatest truth in the most important department of medical science? Is it homœopathy open and avowed that we are anxious to see practised? or is it a kind of crypto-homœopathy that is being encouraged.

These questions are too serious and important to be considered at the end of an article, and we must defer their discussion to a future occasion.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *ACONITUM NAPELLUS.**

By Alfred C. Pope, M.D.,

Lecturer on Materia Medica at the London School of Homœopathy.

In now proceeding to consider as many of the best proved, and, therefore, to the physician, most useful drugs as I can during the next six months, I give the precedence to *aconite*. I do so, first, because as a medicine, it has a wider and, at the same time, a more clearly defined sphere of action in the treatment of disease than almost any other. Secondly, the frequency with which it is required in the everyday practice of medicine gives it a proportionate degree of importance; and further its *modus operandi* and range of therapeutic power have received an amount of careful investigation which renders its study comparatively simple, and the indications for its use easily grasped. Again, it has a title to our early attention by reason of the fact that, as a remedy in disease, it has done more to render

* A Lecture delivered at the London School of Homœopathy, October 12th, 1882.

obsolete the destructive process of venesection than any other. The place in therapeutics which, fifty years ago, was occupied by the lancet, is now filled by *aconite*. Seventy years gone by, at a time when this little instrument was in daily, I might indeed say hourly use, when cupping formed a business, and when leeches constituted a much more lucrative article of commerce than they do to-day, Hahnemann, having completed his proving and study of *aconite*, wrote of it as likely to be of service "in those cases in which medicine has hitherto employed the most dangerous methods—for example, copious bloodletting, the entire antiphlogistic apparatus—and too often in vain and with the saddest results; I mean the so-called inflammatory fever, in which the smallest dose of *aconite* makes the entire antipathic methods of treatment altogether superfluous, and helps quickly and without *sequelæ*." In 1836, Dr. Uwins, who acquired his information from Dr. Quin—the pioneer of homœopathy in this country—in the course of a discussion which took place in that year at the London Medical Society, then holding its meetings in Bolt Court, raised a perfect tempest among the members present, by predicting the advent of the time when the use of *aconite* in inflammatory fever would become so general that lancets would, as he described it, "rust in their cases." That such a forecast of therapeutics should create a strong feeling of opposition in a medical society at that time, can scarcely be looked upon as surprising when we remember that Armstrong and Clutterbuck were then the chief therapeutic lights of the day.

That Hahnemann and Uwins were, however, true prophets, almost any modern work on *Materia Medica* will bear witness. "*Aconite*," writes Dr. Sidney Ringer, "is to be the most esteemed for its power, little less than marvellous, of controlling inflammation, and subduing the accompanying fever. It will sometimes at once cut short an inflammation. It will not remove the products of inflammation, but by controlling the inflammation it prevents their formation, so saving the tissues from further injury."* Or, if we use the language of Hahnemann, "it helps quickly, and without *sequelæ*."

Now, gentlemen, what I desire to impress upon you here is, that this therapeutic change, the influence of which has

* *Handbook of Therapeutics*. Fourth edition, p. 480.

been simply incalculable, this substitution of a small portion of the juice of a plant for the abstraction of numerous ounces of blood, we owe to Hahnemann, and to him alone: while he was indebted for his discovery of it to homœopathy, and to nothing else.

The knowledge that in the removal of inflammatory fever *aconite* would "help quickly and without *sequelæ*," was thus derived solely from a study of the phenomena it gave rise to when taken by healthy persons, and a comparison thereof with those which are characteristic of inflammatory fever. With this discovery—one that must have been the means of rescuing from death many thousands of human beings—no one had any connection, save Hahnemann. Stoerck made experiments with *aconite* upon healthy persons before Hahnemann's time, but learned nothing from them. It was not until the law of similars was fully recognised as the link which connects the physiological action of a drug with its properties as a remedy, that it was possible to learn anything of therapeutic value from such experiments. Since the time of Hahnemann, Lombard, Fleming, Trousseau and Pidoux have drawn more or less attention to the properties of this drug, while countless experiments on the lower animals have been made by Böhm and Wartmann, Achscharumow, Liègeois and Hottot, Ringer and Murrell, and others, in the endeavour to explain its action upon the nervous system and the circulation, but the real, the practical, the life-saving work of demonstrating *aconite* to be *the* great anti-pyretic of this or any other age was done by Hahnemann seventy years ago! Well known as this fact is, there is, nevertheless, not one writer on Materia Medica, save the avowed homœopathist, who gives to Hahnemann the credit which is his due as an original observer! Not one!!

There is yet one other point, to which I have already alluded incidentally—one other point in this discovery by Hahnemann of the antiphlogistic properties of *aconite*, which is of still greater importance than that it was made by him. It is that Hahnemann owed this invaluable revelation to his previous recognition of the law of similars as *par excellence* the principle of drug selection. Had he not been fully assured that it was by the comparison of the effects of drugs upon the healthy with the phenomena arising from disease, he never would have known that *aconite* possessed that remarkable degree of control over

ure inflammatory disease that he proved, and that housands of physicians have since testified that it does ossess. That such is the case is rendered especially clear y the results which followed the publication of the late rofessor Fleming's experiments — experiments for a hesis based on which he received the graduate's gold nedal at the University of Edinburgh in 1845. Dr. Hughes describes the evanescent influence of these bservations, to which so much importance was attached t the time they were made, in the following terms:— 'Fleming, indeed, in 1845 was led by his experiments to nfer that *aconite* was an arterial sedative, and to recommend and employ it accordingly in fever and inflammation. But, as might have been expected, so indiscriminate a use of the drug made little way, and the place it occupies in Pereira's great work as a mere benumber of pain, and its rejection, as dangerous and useless, by Trousseau and Pidoux, sufficiently characterise its reception in the old school twenty years ago."*

The sphere of action of this grand remedy, which could not be learned from Fleming's experiments, has been made known through homœopathy, and, without any reference to the means by which it was ascertained, has been promulgated in Dr. Sidney Ringer's *Handbook of Therapeutics*. In presenting a *résumé* of its therapeutic uses, nearly the whole of which is obviously derived from the writings of homœopathic physicians, Dr. Ringer tells his readers—such were, I suppose, the exigencies of his position—that "its virtues were only beginning to be appreciated." Is it possible that he did not know—must he not, in the course of his researches,† repeatedly have seen that the virtues of *aconite* began to be appreciated seventy years previously, and had gone on being appreciated ever since?

Then remember that the principle which taught Hahnemann the important fact of the anti-pyretic power of *aconite* led him to the discovery of many another of similar if not of so far reaching and easily tested a character. When we see how universally recognised is this anti-pyretic power of *aconite*, and that this recognition is due to the previous recognition of the principle of similars as the

* *Manual of Pharmacodynamics*. Fourth Edition, p. 148.

† *Lancet*, Jan. 9th, 1869, and *Homœopathic Review*, Feb. 1869.

basis of drug selection, is it not at least probable that other facts, inferred through the application of the same principle, are equally true? The practice of homœopathic physicians assures us that it is not only probable, but thoroughly well ascertained, that such facts, so inferred, are true; while the mere *á priori* probability would form an abundant reason why every medical man should make the enquiry—Are these things so?—for himself.

The variety of *aconite* used in medicine is the ***napellus***. Belonging to the natural order of the *ranunculaceæ*, it is found in moist pastures, thickets, and waste places in the mountainous districts of Central Europe. The tincture, which is made with proof spirit, is, according to the instructions of the *British Homœopathic Pharmacopeia*, prepared from the freshly collected leaves and flowering tops of the plant, and from its fresh and dry root. The root alone gives a singularly powerful tincture, when prepared with rectified spirit, and it is from this part of the plant alone that Fleming's well-known tincture is made.

The chief sources of our knowledge of the pathogenetic properties of *aconite* are Hahnemann's original proving, with which are incorporated the observations contained in Störck's previous experiments. You will find this proving very carefully translated in the first volume of the *Materia Medica Pura*, edited by Drs. Dudgeon and Hughes. An excellent re-proving was made some years ago by The Austrian Provers' Society. In the series of experiments instituted by this society, sixteen persons, two of whom were women, took part. These, together with a number of other observations on the action of the plant, are arranged in Dr. Dudgeon's monograph on *aconite*, published nearly thirty years ago by the Hahnemann Publishing Society. This account of the physiological properties of our drug is at once the clearest and most easily studied of any to which you can refer. The article upon it in Allen's *Encyclopædia* contains, in addition to the experiments I have mentioned, as many cases of poisoning as could be found in medical literature up to some ten or twelve years ago. In addition to these detailed records of the symptoms *aconite* produces, various essays and commentaries upon its action have been published from time to time, of which those by Reil, translated by Millard, and Dr. Carroll Dunham's in his *Lectures on Materia Medica* are the best.

We now pass to the consideration of the sphere of action of *aconite*, to study the effects it produces on persons in health, and the morbid conditions of which it is remedial.

Among the earliest and most striking of the phenomena produced by *aconite*, after a considerable but not overwhelming dose has been taken, are an intense sense of chill, with distinct rigors, aching in the back and limbs, followed by a hot, dry skin, with a quick, hard pulse, and this again by profuse perspiration. Together with these symptoms, it occasions a peculiar and well marked restlessness, with mental anxiety, depression, impatience and tossing about. The great similarity between the mental condition thus reflected, and that commonly present at the commencement of inflammatory fever gave to Hahnemann the earliest clue to the great antiphlogistic power of this drug.

At the same time as these indications of sthenic fever present themselves, we meet with those of inflammatory action occurring in one or more organs of the body, conditions which in fatal cases of poisoning have been verified *post mortem*.

Further, we note, as among the effects of *aconite*, spasm of a tonic character, prickling, tingling and finally numbness in some parts and lancinating pain in others.

In comparatively small doses, it excites the action of the heart, giving rise to a marked degree of turgescence, and presently to spasm of that organ. It is only when the dose is increased to one of an overwhelming character that the cardiac paralysis occurs which writers who are content to base their conclusions upon observations made upon dogs and frogs poisoned by crushing quantities of the drug, so generally describe as *par excellence* the action of *aconite*. It is *an* action, but it is a secondary action only. Experiments by Schroen and Arnold have conclusively demonstrated this fact. The former found that the circulation in the frog was much quickened. Arnold, experimenting both with *aconite* and *aconitine*, found that the number of heart beats in the frog was increased by it in the first instance, and subsequently diminished. He frequently noticed an intermitting pulse, and also observed that the contraction of the ventricles sometimes only amounted to half of that of the auricles.

The foregoing brief summary of the leading phenomena produced by the influence of *aconite* on the healthy body

point to the circulation and the nervous system as the two spheres on which its power is primarily exerted.

First and foremost, among the therapeutic uses to which a study of the effects of this drug upon the health of man has pointed, is acute inflammatory fever. I will, then, place before you a short account of the evidence which has led to its prescription here.

To be homœopathic to fever of this type it must be capable of giving rise to a similar condition in healthy persons. The question I propose to answer is—does it do so?

Dr. Reisinger, of Vienna, a member of the Austrian Provers' Society, took considerable doses of *aconite* in the course of his experiments, and describes the following condition as one of the results of having done so: He first of all experienced a cold rigor descending from the back and over the legs, with a cold sweat; his face felt icy cold, and this when in a warm room on a sunny day. This chill remained for four hours, and in the evening was followed by general heat, with a rapid pulse, symptoms of nasal catarrh, with general lassitude and heaviness of the limbs.

Again, Dr. Schwarz, another member of this society, relates the following as the effect of a very considerable dose:—"Burning in the tongue, which continued to increase in intensity for four hours; the soft palate, tonsils, and fauces were reddened, and the lips felt warm and dry. Rigor, commencing in the legs, passed to the arms, giving the sensation of 'goose-skin'; it seemed to be between the skin and the muscle, and to be worst when at rest. At the same time he felt general fatigue, indifference, and irritability; his appetite was gone; food created nausea. The rigor increased during the afternoon, and he became icy cold; no covering was sufficient to warm him; his hair seemed to bristle, and the scalp was painful to the touch over several spots, and sensitive to the cold air; his eyes felt hot, the lids twitched, and vision was impaired by sparks appearing; roaring was felt in the ears, which were hyper-sensitive to noise; the breath was hot, the respiration quickened; on taking a deep breath, oppression, anxiety, and painful stitches were felt between the shoulders; the pulse became strong, full, and quick; there was much yawning and stretching of the limbs. In the evening warmth and slight perspiration came on."

These symptoms of chill, rigor, heat of skin, thirst, quickened pulse and, finally, perspiration, have been repeatedly met with in experiments with *aconite*, as those the results of which are recorded by Dudgeon and Allen testify. The illustrations I have given will, however, suffice to show the *kind* of condition it excites. It is just when such symptoms as these are present in disease, that *aconite* displays its power—"little less than marvellous," as Dr. Ringer describes it; it is in the treatment of conditions revealed by such symptoms as these that it has obtained that high reputation as a therapeutic agent which is now so generally accorded to it.

Further, it is symptoms of this kind that mark the earliest stage of development in nearly all acute inflammations; and in the course of experiments that have been made with *aconite*, and of cases of poisoning that have arisen from it, we find indications very similar to those which characterise the advent of meningitis, tonsillitis, sub-acute gastritis, peritonitis, enteritis, cystitis, urethritis and pulmonary congestion. And yet more, *post mortem* examinations of cases of poisoning have shown traces of inflammatory action or venous engorgement of each kind; but in no instance has the inflammatory process or the degree of congestion been great. The meningeal and tonsillary inflammations arising from *aconite* are not so developed as are those produced by *belladonna*. The gastritis and enteritis are much less marked than when *arsenic* or *corrosive sublimate* are their cause. The cystitis and urethritis are much less definite than when *cantharides* has been taken; and the pulmonary congestion is far slighter than that to which *tartar emetic* and *phosphorus* give rise.

The degree of inflammation excited by *aconite* is just sufficient to show the direction of the synocha, to prove that the kind of fever it gives rise to is a true fever; that the inflammatory process is begun, not fully developed under its influence. But, and here is one of the great advantages of this medicine—if you have the opportunity of giving it sufficiently early—before, that is, the inflammation, of which the fever is the first indication we have, has got a-head—you will so modify the process of exudation, so restrain it, as to deprive it of much of its danger; you will be able to keep it within comparatively innocuous bounds. I remember asking a surgeon, who I knew when I was a boy as a particularly active practitioner, how it happened

that he was ever induced to investigate the claims of homœopathy. He replied, that he was the regular medical attendant at several preparatory schools for little boys, and added that he had repeatedly noticed that at one of these schools the acute illnesses he was called in to treat were much less severe, much briefer in their duration than were the same forms of disease which came under his notice at others. Anxious to learn why this difference should exist, he asked the lady at the head of the establishment what she gave her sick boys before she sent for him. The answer was, *aconite*, and that, I believe, in the form of globules. Another illustration of the power of *aconite* to nip inflammation when in the bud, I have frequently had occasion to observe in my own family. One of my boys, a child of great delicacy from the hour of his birth, was, until he was six or seven years old, liable to sudden attacks of extensively diffused pneumonia. In the course of an afternoon, for example, he would suddenly desist from play, complain of feeling tired, lie down on the sofa and say he was "cold." In a comparatively short time respiration became frequent, short and oppressed; within an hour or two he would be in a burning fever. Ere long the respirations were 40, the pulse 140, and crepitation would be heard over the whole of both lungs both anteriorly and posteriorly. On the first indication of illness, *aconite* was uniformly given, a dose every hour. After a few hours *phosphorus* was substituted for it, and within forty-eight hours from the commencement, not a vestige of the attack beyond some weakness has been perceptible. I have known him to have as many as half-a-dozen such attacks in the course of a single winter, they have all been treated in the same way, and the severest of any has rarely, if ever, gone beyond three days.

That inflammatory action was in each case aborted by the early administration of *aconite* seems to me to be placed beyond all reasonable doubt. A rapidly and extensively developing pneumonia is not to be checked, in such a manner as this was, by merely resting in bed and having suitable liquid nourishment; while I believe that it is prevented from being checked by plying a patient with indigestible — so-called — febrifuge mixtures and putting leeches over the chest.

Hence, Hahnemann exaggerated but little, if at all, when, writing on the use of *aconite* in such cases, he said that "in as short a time as four hours after the first dose

all danger to life will have passed, and the circulation will then hour by hour gradually return to its wonted course." But it must be remembered, that it is only when we are able to administer our medicine at the commencement of an inflammatory fever, that we can reasonably expect such results to occur so rapidly as those, I have described, did.

With but few exceptions, it may, as Dr. Hughes has observed, be regarded as ascertained that "when true inflammatory changes in a part have actually begun, it ceases to exert remedial influence, and a medicine homœopathic to the local mischief must take its place." That this conclusion is a correct one the following case, recorded some twenty-four years ago by Dr. Harper,* is a good illustration. Dr. Harper was at the time practising in Edinburgh; the patient was a woman forty-four years of age. Four days previously to Dr. Harper seeing her, after an exposure to cold, she shivered and was seized with a pain in the left chest. After the application of a sinapism the pain abated, but cough and dyspnœa set in, with expectoration of tough mucus. At the time of his visit, the skin was hot, she complained of headache and thirst, the pulse was 120 and weak, there was great dyspnœa with general soreness and heat of the chest; incessant coughing with rusty sputa, adherent to the vessel, so much so that when inverted none escaped. The physical signs were perfect dulness over the lower half of the left lung, the breathing was for the most part tubular but fine crepitation was audible here and there. Dr. H. ordered a drop of *aconite* 3, every two hours.

On the following day, with the exception of being less feverish, she was much the same, pulse 120, and weak; skin cooler; chest less sore. The dyspnœa, cough and physical signs were unchanged, and the sputum was still characteristic. *Aconite* was now omitted, and a drop of the tincture of *phosphorus* of the 3rd dilution ordered to be taken every three hours.

The next day she said that she felt much better. The skin was cooler; pulse 100, stronger, but soft; sputum much less bloody. She expressed gratefully the relief she had had "since beginning the new bottle." Fine crepitation was now very audible over the inflamed part; dulness

* *Homœopathy Tested by Facts, &c.* By James P. Harper, M.D., case iii, p. 12.

on percussion was less; resolution was going on, and the sputum was free from blood.

Two days later she was improving. Resolution was nearly complete. There was some cough, but no dyspnœa, and her appetite was returning. When seen four days afterwards, she was, with the exception of some weakness, quite well.

Now in this case, you will observe that the fever had existed four days before Dr. Harper saw the patient, and that by the time he did so, active inflammation had set in. *Aconite* was prescribed, but the result was comparatively slight. It is true that the febrile symptoms were somewhat lessened, but it was not until *phosphorus*—which, as I shall show you in a subsequent lecture is so truly specific to the majority of cases of pneumonia—had been given, that improvement was so marked as to elicit an expression of feeling on the part of the patient.

Once more it must be remembered that it is to fever of the true sthenic, non-specific type, that *aconite* is alone homœopathic. In typhus, typhoid and intermittents, it is generally useless; though, indeed, the late Dr. Trinks of Dresden expressed the opinion that during the first two or three days of typhoid, it did in some degree modify the future course of the illness. Conditions similar to fevers of these kinds are produced by *arsenic, bryonia, baptisia, quinine* and some other drugs to which I shall draw your attention by-and-by, and to them you must resort in such fevers.

In scarlatina, measles and variola, however, *aconite* does relieve the arterial tension which precedes the development of the eruption, to a degree which sensibly lessens the danger connected with them.

In rheumatic fever, the period during which *aconite* is of service is longer, and the analogy of its physiological action to the entire disease is much more striking. Thus we not only have the pyrexia of rheumatic fever but the pains in the back and limbs which characterise it, and the cardiac changes which so frequently occur in its course are also simulated by the effects of *aconite*. Dr. Jousset, indeed, says that he has introduced increasing doses of the extract of *aconite* into the circulation in rabbits, with the invariable result of producing lesions of the mitral valve. In the majority of cases, however, after the acute pyrexia has been sensibly reduced, *bryonia, rhus, actæa* or *arnica*

will be found more homœopathic to the muscular and joint pains, and *spigelia*, *cactus*, *colchicum* or *digitalis* to the cardiac inflammation than *aconite* is.

To acute pains occasionally occurring in single muscles or groups of muscles, such as stiff neck or lumbago, the experiments made with *aconite* show it to be clearly homœopathic. When such pains have been ushered in by a chill, or from an exposure to a current of cold air, nothing relieves them more rapidly than it does.

Among the symptoms which having arisen in the course of the experiments referred to, that have indicated its use in rheumatism of this type, are the following:—"A stiff feeling in the nape of the neck." "Stiff feeling in the nape, with chilly hands and feet." "Stiff bruised feeling in the left side of the neck, extending to the left shoulder joint and a portion of the dorsal muscles; worse on lying down, better in the morning." "Painful stiffness in the small of the back, and of the hip-joint." "Pain as if bruised, in the lumbar region."

The influence which *aconite* has been found to exercise over the function of the heart has been turned to much useful account in practice. One of Hahnemann's provers had the following experience:—"Palpitation with great anxiety, difficulty of breathing with great weariness in all the limbs. Sensation as of something rushing into the head, with confusion and flushing heat in the face." In other cases palpitation, restlessness and oppression were constant and considerable.

The power of this drug to paralyse the vaso-motor nerves, stimulate the action of the heart and irritate its muscular fibres renders it valuable, not only in chronic but also in acute disease of this organ. Especially so is it in the attacks of palpitation met with in plethoric persons, where the pulse is often full and jerking. In cases where the violent beating of the heart, the full quick pulse, the increased temperature, associated with great restlessness and anxiety, shadow forth an impending endocarditis, it is of the greatest service in checking the course of disease. Again, where the heart is hypertrophied, it is often useful in allaying the distressing symptoms to which this condition gives rise.

While it is in its power to reduce fever of the sthenic type and to control the earliest manifestations of inflammations that the chief advantages of *aconite*, as a medicine,

are found, the proving of it has shown it to have other uses of considerable importance. To these I will now direct your attention. And, first, as being most closely allied to inflammatory fever, I will refer to acute nasal catarrh, or coryza, or common cold in the head.

Dr. Arneth, of Vienna, while taking *aconite* in considerable doses developed all the symptoms usually indicative of having "taken cold" as it is termed. There were rigors down the back, especially in the evening, coryza, oppression of breathing, pressure under his stomach, flying heat, full pulse and restless nights. So, also, did Dr. Reisinger, in whom symptoms of coryza with general lassitude and heaviness in the limbs set in, while under the influence of *aconite*. By other experimenters with the same drug, violent coryza with sneezing and dryness of the nostrils, and by others a general sense of coldness and shivering are repeatedly noticed.

These observations show that the coryza, like the congestions of parenchymatous organs, is only partially developed—it is, as it were, only started by *aconite*. Correspondingly, it is only at the commencement of a cold that it is remedial. After a nasal catarrh has obtained a distinct footing, other substances become homœopathic, and very commonly *mercury* or *arsenic* will be found to be so. But in its proper sphere, *i.e.*, at the very beginning of a cold, when the sense of chill is on and the nose feels somewhat irritable, giving rise to sneezing and some fluid discharge, then *aconite* is invaluable.

An irritation, similar to that it produces in the Schneiderian membrane, is also set up by it on the mucous surface of the larynx, and extends throughout that of the larger and smaller bronchi. Hence, in laryngeal or bronchial catarrh, you will often find it useful in preventing the development of further mischief. A like condition often precedes an attack of bronchial asthma, and here again *aconite* used early will very generally stave off the expected paroxysm.

We pass on now to consider the effects of *aconite* on the nerve centres. First of all I will direct your attention to the kind of headache to which you will find it homœopathic.

Such symptoms as vertigo, with confusion of the head, a muddled sensation, heat, throbbing pains in the temples, and weight at the occiput were frequently experienced by

provers of *aconite*. Professor Zlatarovich, one of the
of the Austrian experimenters with this drug,
ribes his sensations as vertigo and stupefaction on
ring a warm room, a feeling as if he were intoxicated;
ging all over the head, especially in the temporal
cles. On another occasion he felt a furious headache;
ision was obscured; the pain, felt chiefly in the upper
of the forehead, was pressing and contractive in
acter, giving the sensation of a tight band being drawn
as the forehead; the face was swollen and pale; light
noise increased the pain, lying quiet in a darkened
ı relieved it.

ıese and other symptoms of a like nature, which have
n from over-dosing with *aconite*, indicate that it is a
dy in congestive headaches. In such, too, as are
ıently met with in plethoric persons who have exhibited
disposition to cerebral apoplexy. In cases of this kind,
ially when at the same time numbness and tingling
elt in the extremities, *aconite* has often given prompt
.

some cases of neuralgia *aconite* is distinctly homœo-
c. During recent years it has been used in the
ment of neuralgia with a want of discrimination
ıst which it is necessary to utter a word of caution.
an antipathic palliative it is here too frequently
oyed in doses which are dangerously large. It is its
ıdary or anæsthetic action which is sought, and to
n it large doses are inevitable. A certain degree of
is indeed often thus derived, but it is palliation
and, therefore, merely temporary, leaving the patient
red. For curative results to be secured *aconite* must
ed specifically, the condition to be cured must be like
it will cause, and this likeness can only be ascertained
careful appreciation of the symptoms, both of the
tion to be cured and of that the drug will excite.
in the neuralgia to which *aconite* is homœopathic,
which it will cure, you will find that the cheeks are
nd red, but not swollen; along the right supra-orbital
the pain is shooting, branches out upwards over the
ead to the hairy scalp, sidewards to the temple, down-
s to the cheek and into two or three teeth; it is
ased by pressure, and becomes more severe towards
ng. In another class of facial neuralgic cases *aconite*
ıally well indicated. In them there is, at the outset,

a sense of crawling, followed by a drawing sensation, with, at times, a feeling of pressure, followed by single jerking, shooting pains occurring in the course of isolated nerves, the pain changing about until at last it becomes fixed, and a loss of sensation in the face is experienced.

While for the successful treatment of all forms of disease a careful individualisation of the remedy is necessary, in none is it more essential than it is in neuralgia, a disease which, when independent of organic changes, is often cured with a striking and wonderful promptitude if a true and perfect *similimum* is found. Without this the effort to remedy it is often tedious and disappointing. Hence it is, that we occasionally find physicians, who know, and feel, and indeed have daily evidence of the truth of homœopathy—after one or two guesses at a homœopathic remedy, followed by failure—resort to *quinine, morphia, croton-chloral,* or some other purely palliative drug. They are driven to such expedients simply because they have not the time, the patience, or possibly the inclination for that careful and minute study of a case, in its relation to the physiological action of drugs, which neuralgias so peculiarly require. Such neglect of a plain professional duty results in disadvantage to the physician, disappointment to the patient, and discredit to homœopathy.

The sleep of a person under the influence of *aconite* is disturbed in a manner which resembles a form of insomnia frequently met with in practice, both in connection with and without the febrile condition I have referred to. In such, sleep is for a time prevented, and when it occurs is disturbed, light, restless, and rendered unrefreshing by anxious, worrying, and puzzling dreams. Hence it comes that a pilule or two saturated with the third decimal dilution of *aconite* will often quiet an anxious and excited nervous system. Such cases exhibit great restlessness with frequent startings, depression of spirits, a conjuring up of all sorts of sources of fear, and very generally there is some excitement of the circulation. The *aconite* here allays the dominating excitement, and, in so doing, restores the natural tendency to healthy sleep. This you will observe is very different from the kind of sleep compelled by *opium,* which, indeed, is neither more nor less than a mild form of stupor. The *aconite* fulfils its mission by restoring the power to sleep; *opium* does its work by producing a degree

of cerebral blood stasis which, indeed, renders keeping awake impossible, but at the same time renders the sopor induced in no way refreshing or re-invigorating.

Dr. Bayes notes in his work entitled *Applied Homœopathy* that he has frequently seen good effects produced by *aconite* in very small doses in the insomnia of aged people; and in one case of delirium tremens related by him, sleep was procured by it, after every other means had failed.

Again, in spasm of a tonic character, *aconite* is often called for and used with advantage. "Trismus," writes Dr. Hughes, "is a common symptom in cases of poisoning; the sufferers frequently complain of constriction at the throat, of local cramps and spasms, of stiffness and difficulty in moving the limbs; and there are several cases on record in which complete opisthotonos existed, and the pseudo-tetanic state was induced as completely as by *strychnia* . . . . . Correspondingly, *aconite* has considerable power over some spasmodic affections; its usefulness, generally, in alternation with other more locally acting medicines, in the incipience of the neurophlogoses, we call croup and whooping cough, is probably to some extent of this kind. In the asthmatic paroxysms, and in that of so-called spasmodic croup (not real laryngismus stridulus) when excited by dry cold air, it will often give relief. In simple trismus, and many other local cramps and spasms, especially when owning a similar origin it should always be thought of. Teste relates a striking case of the kind, in which the pectoralis muscle was at fault, and simulated cardiac disease. But above all it bids fair to be a valuable medicine in tetanus. There are seven cases of the traumatic form of the disease now on record in which *aconite*, in ordinary doses, was the main remedy used, and in six recovery was the result. It would be still more suitable to the idiopathic form of the disease from exposure to cold and wet, and to the 'tetany' described by Trousseau. The numbness and tingling with which the spasms of the latter begin, their probable rheumatic origin, the occasional presence of febrile symptoms and the benefit observed from blood-letting, all point to *aconite*." *

I will conclude this account of the effects and uses of *aconite* by a reference to its employment in the treatment of disease in the lower animals. It is very interesting to

* Op. cit. p. 158.

observe that it has here a sphere of usefulness taking precisely the same direction as that which I have described as belonging to it in the practice of medicine among human beings. Mr. Finlay Dun, in his work on *Veterinary Medicines*, states, for example, that "hard-worked horses exposed to a chill are frequently brought in with acute sore throat, scarcely able to swallow, feverish, and with elevated temperature. A couple of doses of *aconite*, with inhalation of steam and mustard externally, will," he says, "promptly abate the throat congestion and inflammation, as well as the accompanying constitutional fever." He adds that, "in enteritis, Mr. Hill, of Wolverhampton, has repeatedly found that, within five minutes after *aconite* tincture is swallowed, the pulse falls from 100 to 70 beats per minute, and this notable effect is usually succeeded by gradual abatement of fever and pain." The normal pulse of the horse is, I should state, 35-40 beats per minute.

Mr. Dun's views as to the period during which *aconite* is useful are similar to those which a study of its physiological action suggests to the homœopathist. "*Aconite*," he says, "cuts short and controls inflammation, and hence is especially serviceable in the outset of acute attacks. For the removal of inflammatory products other medicines must be used."

One circumstance in connection with these employments of *aconite* is particularly interesting in connection with the attitude of antagonism to homœopathy the profession of medicine generally has maintained during so many years. Mr. Finlay Dun first published these observations in 1854. The anti-pyretic power of *aconite* was not "discovered" by Dr. Sidney Ringer until 1868; and it is, as I have said, to his influence that its general adoption by the bulk of the profession is chiefly owing. Before 1854—for some years before—Mr. Moore, the earliest veterinary surgeon to practise homœopathy in this country, had been using *aconite*, and had published his observations of its value. So, too, for a shorter period had the late Mr. Haycock, of Huddersfield. Neither of these gentlemen were excluded from veterinary medical associations, or from writing in veterinary medical journals an account of their therapeutic views. Through both channels they freely communicated them. Hence veterinary surgeons became acquainted with the medicinal properties of this valuable remedy much earlier

did their brethren in the medical profession. What
t amount of therapeutic power has been kept out of
by the narrow-minded and stupid bigotry of medico-
al associations and similar societies! Had the system
ating homœopathic practitioners as pariahs not been
ted, how many valuable applications of medicines
l long ago have been added to the knowledge of the
profession!
ch then, gentlemen, are the chief indications for the
f this invaluable drug. In the first stage of almost
acute illness you will be called upon to do battle with,
te will, if given early, do you right good service, while
t a few others you will find it of equal importance.
is generally given in the 1st centesimal or 3rd decimal
on, repeated in drop doses at intervals proportioned
acuteness of the fever. In croup it is best given in
er or half drop doses of the 1st centesimal dilution
ten or fifteen minutes, until a decided impression
een made on the severity of the attack, when the
al between the doses is prolonged. In the initial
of catarrh or pneumonia, a drop of the same dilution
be best given every two or three hours, while in some
nervous disorders to which it is homœopathic, it is
with advantage in much higher dilutions. It
deed, one of those medicines which have afforded
lent results in far higher dilutions—much more
tesimal doses—than are commonly used now. The
attenuations are preferred, not because the higher
adequate, but because the former are equally useful
he latter therefore unnecessary.

MACH PAINS, ESPECIALLY CALLED CRAMP N THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

T THEY MEAN, AND THEIR TREATMENT ACCORDING TO HOMŒOPATHIC PRINCIPLES.

By Dr. Med. Bernhard Hirschell, Practising Physician at Dresden.

Hätterath und Ritter des K. span. Ordens Isabella der kathol. gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

Fourth Section.

Diagnosis and Classification.

introduction, we have already stated how difficult
ie diagnosis of cramp of the stomach as such, *i.e.*, as

a pure neurosis. Partly the signs of material disturbances, especially at their commencement, are not pronounced enough, since they cause the same neuralgic symptoms as cramp in the stomach, partly because the latter is easily complicated with catarrhs, chronic gastritis, &c., &c., and it becomes very difficult to decide whether the nervous symptoms are primary or secondary. We must therefore go to work with the greatest caution, and must weigh all the possibilities of mistake. Through their exclusion alone can at last the nervous character of pains in the stomach be, with some probability, discovered.

Neuroses.

We suppose a pure neurosis in general. 1. Where the cause is central, as emotions, spinal irritation (also sympathetic from other pains, as splenalgia, hepatalgia, kidney pains, displaced uterus), or peripheric, excited through food, bile, wind in the stomach. 2. Where the appetite and the digestion is good, or canine hunger or morbid longings are present. 3. Where the tongue is clean, not red, dry, not much thirst. 4. Where there are long and quite free intervals. 5. Where external pressure does not increase but diminishes pain. 6. Where the matters vomited are like spittle, frothy. 7. Where constipation preponderates. 8. Where the nutrition, even after long duration, does not materially suffer. 9. Where all the other, further on to be cited, objective signs, as vomiting of blood, induration, &c., &c., are absent. But these signs may themselves occur in their totality in other derangements (see under chronic catarrh of the stomach, ulcer of the stomach), one or the other may be absent or be modified, and yet a neurosis may be present, or be masked by a complication, as in chronic catarrh, and yet have to be treated as an independent affection of the nerve.

We have, in a word, no single pathognomonic sign for neurosis, and where it is present, its central or peripheric, its idiopathic or sympathetic character cannot always be determined with certainty. Consequently a lengthened observation of the course of the disease, frequent repetition of the examination, and careful attention to the action of the medicine alone can give an approximately certain conclusion. The statement that in neuralgia the saliva is always intensely alkaline, in other diseases, for instance the inflammatory stomach complaints, acid, is not exactly true.

On the other hand, the synchronous appearance, or the alternation with other neuralgias, and in women especially, the uterine system presents us with a good point of support.* Andral thus narrates two very instructive cases, where the most violent gastrodynia and lumbago and palpitation of the heart alternated.

Neuralgia intercostalis.

With this neuralgia are easily confounded hepatalgia, splenalgia, and neuralgia intercostalis. As we are going to treat the first among the diseases of the liver and spleen, we will here only mention about the last, that it can only come under consideration when some of the lower intercostal nerves are affected, the principal twigs of which run in the epigastric region. In this case the cardialgic pains are not limited to the stomach, but show themselves in the course of the intercostal muscles, often semi-circularly from the vertebræ forwards. The pain is superficial, is relieved by rubbing and pressure, and shows itself only in complication with affections of the liver and stomach.† In an enumeration of the material disturbances which may be confounded with neurosis, we must ever remember that, as we have frequently experienced, quite the same states may be induced secondarily through an affection of the peripheric nerves, as we have on other occasions treated as idiopathic, nervous troubles; which aggravates the difficulties of the diagnosis. In complications with neuroses the only question must be of the slighter organic changes, as hyperæmia, catarrh, dilatation, because the more serious absorb the original gastrodynia, and in effect quite supplant it for the purposes of practice.

Hyperæmia of the Stomach.

Hyperæmia of the stomach generally occurs as an accompaniment of other gastric derangements, and particularly can it be excited secondarily by gastrodynia, according to the old principle "*ubi irritatio, ibi affluxus.*" On the other hand, however, hyperæmia may excite in its turn cardialgic pains, which, in consequence of the delicacy of the former, may simulate the existence of a pure neurosis. Fortunately, looking at the question in a practical way, we have such remedies at hand that will

* *Clin. Med.*, t. ii., S. 197 and 199.

† See Valleix *Traité des neuralgies.* Par. 1841.

bring about a cure even when it is impossible to fix the priority of one of these phenomena. Hyperæmia rarely occurs independently and alone. The chronic form generally occurs simultaneously with chronic catarrh or with chronic gastritis (see below). Acute hyperæmia has different degrees—arises through food either too hot or too cold, injurious or corroding, overloading of the stomach, chills, troubles from menstruation or piles, affections of the liver, &c., and expresses itself in its severer forms in unpleasant feelings in the stomach, hunger, dryness of the mouth, prostration, headache, chilliness and heat, tenderness over the region of the stomach, constrictive pains over that region, painful vomiting of acid, watery, then bilious matters, at last of blood, with distressing heaving in its train; every mouthful brings on the vomiting again. Combined is thirst the most unappeasable, burning and constrictive feeling in the throat, collapse, paleness of the face, coldness of skin, pulse frequent, extreme weakness, loss of voice, difficulties of breathing, giddiness, even sopor and delirium, but only in the severest cases. These attacks last, at most, twenty-four hours.

It is easily to be seen from this description the difficulty of separating pure neurosis from an organic disturbance of so slight and passing a character. Consequently, nothing is left for the practitioner than to assume certain forms in which hyperæmia is combined with cardialgic affections, and then to suffer the question of the causal first to remain undecided. Here belongs, as we shall see further on, cardialgia from suppression of piles, from anomalies of menstruation, that from abuse of spirits, of coffee, sedentary mode of life, from plethora venosa, &c.—in a word, the congestive form; judgment upon the priority of the form of disease and upon the possible complications of the two states to follow.

Whether in certain cases a congestive state exists within the nervous sheaths, and thus causes gastrodynia, or whether in others, the mucous membrane of the stomach become hyperæmic, irritates the peripheric nerves—this may be reasonably left to the practitioner to determine.

Anæmia of the Stomach.

A similar state exists with anæmia of the stomach, as we meet with it in incipient softening of the stomach in children, in adults, particularly in chlorosis, after losses of

blood and fluids, depression of mind, insufficient nourishment, or after hæmatemesis and brain disease. We may clearly assume that many cramps of the stomach take their origin from this anæmia, and, consequently, are of a secondary kind; but it is much more difficult to maintain, to establish that that affection really depends on an anæmic nutrition of the nerves.

The symptoms of gastric anæmia show themselves under the most varied disturbances of digestion, which even assume the form of a mild gastritis, generally, however, of chronic catarrh, in which there is great sensitiveness of the region of the stomach, abdominal pulsation, thirst, crampy pain in the stomach, jerkings, vomiting, emaciation, collapse, smallness of pulse, coldness of skin. For practice in this running into one another of the forms of anæmia and neurosis, nothing remains left, than to lay down a special variety, anæmic gastrodynia, in which much depends on the general and constitutional relations.

Acute and Chronic Catarrh of the Stomach.

Catarrh of the stomach is a very frequent companion of gastrodynia, and needs not to stand to it in a causal relation, although it may so stand. As the same injurious influences which call up neurosis, can also excite catarrh, a combination of both forms of disease may well be thinkable. On the other hand, a catarrh of the stomach may attach itself secondarily to a neurosis, in consequence of a long deranged innervation of the digestion, and the thus caused irregularities of the gastric function. The separation of these states, difficult as it is, cannot in practice always be evaded, since as long as the catarrh lasts as a causal element, the painfulness often opposes an obstacle to medication, until the catarrh is removed; or becoming complicated with it the activity of the medicine is interfered with. Thus, on the other hand, we see that several, otherwise not anti-cardialgic, remedies remove cramp in the stomach, when they remove the catarrh. (*Puls. bry. sep.*)

Acute catarrh, which manifests itself in a speedy coure and impending organic symptoms, is easily to be distinguished from pure neurosis. The loss of appetite, with acidity, eructation, vomiting of food, or of mucus, acids, bile, tongue coated, with constipation or diarrhœa, thick

urine, bilious symptoms, chilliness, or heat and prostration, distension and tenderness of the region of the stomach, headache, sleepiness, general irritability, coldness of the extremities, which lasts constantly without leaving intervals, as well as the determination of these symptoms in a few days, leaves the diagnosis, even of the complications, since neurosis generally lasts longer, not very difficult. It is otherwise with chronic catarrh, the longer duration and intermissions of which often present a whole inseparable from the neuralgic symptoms. Most frequently chronic catarrh is the primary, since very many neuroses exist for a long time without complication with the state of things described. Certain special forms received by authors, as the cardialgia dyspeptica, Schonlein's cardialgia podagraica occasioned by the uric acid diathesis, and the c. polutorum, in which hyperæmia and catarrh pass easily into one another, belong in strictness to chronic catarrh, or to gastritis chronica, which only goes a step further.

The elements which are sometimes cited as distinguishing between chronic catarrh and neurosis—such as the predominance of the dyspeptic symptoms over the pain, the rarity of vomiting, the swelling of the papillæ of the tongue, the dissemination of red points in the coating of the tongue, and acid secretions—are not to be taken without limitation, since they also occur in cardialgia. If organic appearances are absent, while the pains appear otherwise in paroxysms, then, through the way of exclusion, a neurosis may be supposed, as on the contrary, when they are present, the conclusion must be against it. Even the temporary disappearance of the dyspeptic symptoms, which is peculiar to chronic catarrh, is no diagnostic element for cardialgia. Only when it is possible to discover the earlier, contemporaneous, or later appearance of the organic symptoms, to ascertain the rising and falling of the pain with the catarrhal exacerbations, and when, after the removal of the catarrh, the attacks still continue, you may conclude with probability on one or the other side as to the priority of the form of disease, and to reason on the possible complication of both conditions.

Acute and Chronic Gastritis.

Of the slighter attacks of acute gastritis the same may be said as of acute catarrh of the stomach. The severer cases, generally excited by poisons, are scarcely to be con-

founded with gastrodynia, since the great tenderness of the stomach to touch and every kind of food, the violence of the spontaneous pains, the painful bloody or bilious vomiting, and retching, the red or red-dotted tongue, but particularly the absence of any remission and the accompanying fever, with hot skin and dark urine, with which delirium is frequently associated, the acute cause in general, make the diagnosis sure. Since chronic gastritis concurs with chronic catarrh, we refer our readers to what has been said above.

Induration and Hypertrophy of the Walls of the Stomach.

The induration and hypertrophy of the walls of the stomach, which are often not to be ascertained objectively, show themselves also under the forms of catarrh of the stomach, or of chronic gastritis. Precisely in the cases in which the region of the pylorus is affected, and constriction of the outlet of the stomach is formed, pains, nausea, vomiting and cardialgic troubles of all kinds frequently arise by the passage of food. Here, only, an exact examination and observation, which, however, only attains certainty in the advanced stages, can give an explanation of the nature of the affection.

Schirrus of the Stomach.

Even the most grave of all affections, schirrus is, at its commencement, not to be distinguished from neurosis, and it sometimes requires this form to attain its height, in order to ascertain its termination. Also the notion must be given up of evolving a carcinoma out of cardialgic beginnings. That can never be. But the first appearances of this deep seated affection of the blood, and tissues, often emerge in the nervous system. Schirrus may even exist for some time without showing characteristic indications. Dyspepsia, vomiting, costiveness, pains of the most divergent kinds, emaciation, are very far from being pathognomonic.* When, indeed, schirrus in the stomach is found without having produced any symptoms,† how can we talk of firmly fixed indications? The first signs of carcinoma ventriculi generally relate to pain in the

* In proof of this, see Andral's case, quoted, of our 5th Section.

† Wunderlich, a. a., O. S., 147.

stomach, catarrh of the stomach, which occasionally admits of aggravation, even to acute gastritis. The slowly extending and soft cancer may be perfectly painless. The hard varieties indicate themselves by dull, pressive, gnawing, lancinating pains, which also occur in neurosis, or ulcer, or other organic affections. The difficulties in the transit of the contents of the stomach, with their consequent phenomena of vomiting, tympanitic distension, pain after eating, can be referred also to simple dilatation, which occurs in consequence of every stricture of the pylorus Only the repeated occurrence of the symptoms of gastritis, with the other suspicious indications of cachexia, give some support at the commencement to the supposition of so organic an affection. At a later period of the disease, indeed, when a greater extent and hardness of the deposit, particularly on the anterior side of the stomach, and with an uncovered pylorus, come to our aid, and knots and swelling become perceptible by palpation and percussion, when vomiting of chocolate-coloured, coffee-ground-like masses suggest destructive and ichorous suppuration, hæmatemesis declares the opening of vessels in the ulcerating tissues, other organs suffer from cancerous infiltration, the general cancerous diathesis reveals itself by the colour of the skin, dropsy, fever, exhaustion—then, confessedly, we can no longer think of confounding it with gastrodynia. The suspicion of ulcer in the more advanced stages of schirrus lies, however, very near, which we shall do well to consider, since even the chocolate-coloured vomiting, the swelling of the pylorus, and pain over that region, and the complexion of the patient held as characteristics in cancer, do not present convincing means of diagnosis.

Ulcer of the Stomach.

The greatest difficulty, however, is presented to the diagnostician by that kind of ulcer, which, under the form of the perforating ulcer of Rokitansky, or of erosions (hæmorrhagic), or of simple inflammatory ulceration, is frequently met with, and indeed in such frequency that Jacksch in 2,330 corpses found ulcers 57 times, 56 times cicatrices, and 57 times bloody erosions, thus 1.13. Dahlerup saw in 200 corpses 20 perforations and 6 cicatrices. The origin of these ulcers is still veiled in obscurity.*

* See Henoch Klin. d. Unterlbakht. Berln, 1856. Bd. ii.

Equally obscure also is the diagnosis. There are so many cases of gastrodynia which point only to a nervous affection, and yet are organic. There are, on the other hand, manifest proofs assumedly for this kind of distinction, and yet we cannot determine with certainty that we have to do with an organic substratum. Again, some ulcers run their course so gently, that they may be treated as neuroses. There may also be some perforating ulcers, which run their course without symptoms, or present uncertain symptoms, up to the point of perforation. The asserted, most weighty signs of ulcer of the stomach, viz., circumscribed pain, increased by pressure, with vomiting of blood, may be absent. The last symptom, the hæmorrhage, occurs besides, when the ulceration goes deeply, and may be supplied by sanguineous stools, as Cruveilhier, Monestier and others have observed. Krukenberg observed ulcers, where pressure on the stomach, bending forward of the body relieved exactly like a neurosis. Warmed napkins procured relief. Pain of the back, increase of pain by eating, or an empty stomach, a chill, emotions, the toleration of indigestible food, diversities of appetite, ruddy complexion — all these symptoms have been observed in ulcer of the stomach. The other appearances —dyspepsia, chronic vomiting, tympanitis, heartburn, constipation, anæmia, irritable state of the nervous system, also occur in neurosis and other forms of disease. Emaciation also, pale complexion, perfect remissions for a long time, even for months, take place in ulcers. Commonly, however, the pain in ulcers is constant aching, burning, fiery, confined to a small round spot, and radiating from this, and is increased by pressure on the affected spot, which is generally distended by taking even small quantities of nourishment, but especially by acrid, heating drinks and by movement; whilst in cardialgia food generally relieves—we say generally, not always. In ulcers of the anterior wall of the stomach, lying on the abdomen calls out the pain. Generally the thirst is of a burning kind, which is often appeased by milk, butter-milk, which in general also lessens the pain; in other cases this will not be borne. Ulcer occurs more commonly in women, reduced persons, chlorotic, anæmic, of earthy complexion, the so-called abdominal persons. The urine shows urates in quantity, the tongue is red, smooth, rough, or aphthous, or normal. The intermissions are in neurosis more

decided, of greater length. Nutriments often remove the pain. The appetite, the nutrition remains very frequently good, especially in simple perforating ulcer, not complicated with catarrh of the stomach. Also the opposition which the case opposes to the medicines, always supposing that they are properly chosen,* as the frequent relapses are to be noted, since this rather suggests ulcer; vomiting of blood, when cancer is out of the question, is certainly the surest guide if the anamnesis is correctly instituted. We may see with a lens, when the blood is inspected under water, a number of partially open, partially obliterated vessels, according to the calibre of which the quantity and consequences of the hæmorrhage are determined. Instead of the vomiting of blood, the chocolate-coloured or coffee-grounds-vomiting may also appear, which by no means belongs alone to cancer, because it only indicates a blood lying there for some time, altered by the reaction of the contents of the stomach, especially of the acid matter. But, as from the absence of the hæmatemesis we cannot conclude upon the absence of ulceration, a long and careful observation is needed to exclude an ulcer with approximate certainty. We shall, therefore, do well always, in cases of pain in the stomach, to place, side by side, the possibility of catarrh, of a gastritis chronica, of an ulcer or carcinoma ventriculi, and to fix the diagnosis with the most extreme circumspection. Duodenal ulcers also give quite similar symptoms. By the thickening of the submucous areolar tissue to a cellular fibrous, a star-shaped cicatrix is formed by the contraction of the mucous membrane, and its blending with the muscular coat. Frequently are these the causes of long continued, generally pressive, pains in the stomach.

New Formations.

The benignant new formation in the stomach, as polypus, lipoma, swellings of the papillæ occur rarely, are of little importance, and difficult to be discovered during life.

Atrophy, Softening of the Stomach, and Breaking up of Cohesion.

Atrophy, softening of the stomach, gangrenous fistula, perforations and ruptures are, from their generally fatal and

* Siebert D., *Klin.* 1825, No. 10, uses Fowler's Solution as a means of diagnosis, as a simple neuralgia is improved, an ulcer aggravated, by it. We shall return to this in discussing the treatments.

rapid course, and other signs, so marked that they do not come under consideration in this our subject. On the other hand, we must still speak of some morbid relations in space of the stomach, since these contractions and distensions of the stomach may bring out manifold derangements of digestion and pains.

(To be continued).

VETERINARY CLINICAL NOTES,

By J. Sutcliffe Hurndall, M.R.C.V.S. Liverpool.

Inflammatory induration of two quarters of the Udder of a Cow successfully treated with Hydrastis Canadensis.

This was the case of a cross-bred cow which had been yielding a heavy store of milk since the birth of her seventh calf—a period of about six months. With the exception of the information that some time previously to my being called in, the cow had coughed a good deal, and that more recently blood and matter had oozed from the teat in the off hind quarter, I was unable to learn much that would account for the animal's present condition.

I found the udder,—to the extent of fully one-half the gland,—on the off, or left hand side, enormously swollen, as hard as a mahogany board, and apparently free from pain; no milk could be drawn from either of the teats on the affected side; the temperature, pulse, and visible mucous membranes were normal, and the animal ate and drank well; it was the fact that no milk could be drawn from these teats, that aroused the owner to the necessity of seeking professional aid; doubtless the animal had suffered just such excruciating pain as acute inflammation of the mammary gland produces; but, as in this case, so in many others, professional advice is postponed until it is almost beyond the power of remedial agents to effect any good; it would be much better for animals, more creditable to owners, and fairer to veterinary surgeons if advice was sought much sooner than it generally is.

In the case under consideration, it became necessary to determine what line of treatment to adopt, having decided in my own mind that the indurated condition of the gland was due to inflammation; but it was fresh in my memory that Steel in his *Bovine Pathology* says that in "cases of suppuration, gangrene or induration, the quarter is lost." According to this, then, here was a case of two quarters

being gone; and I accordingly warned the owner of the possibility of the case being incurable. Having, but a short time before, been studying the lecture on *hydrastis c.* in Dr. Hughes' *Manual of Pharmacodynamics*, in which it is stated, quoting from Dr. Bayes' experience, "that in scirrhous tumours developed in glandular structure—as in that of the breast—it is often of great value, through a specific influence upon the gland itself," I mixed twelve doses of *hyd. c.* ♀ gttv., and a lotion of the same in the proportion of one part to twenty of water; instructions were given to foment the udder with water as hot as the hand could bear night and morning; after which to well rub in the lotion, and to administer a dose as above twice daily. I called that day week, and found that with the exception of two small nodules situate in the central part of the gland, the hard condition was resolved; that on palpation there was a nice soft, yielding, flexible condition of the udder, that the flow of milk was restored and a good yield obtained. I ordered the continuance of the treatment—with the exception that the internal administration was to be once a day instead of twice—until the two small nodules were resolved; and on the understanding with the owner that if they did not entirely disappear I was to be sent for; not having heard since, I conclude the cure was complete. Bearing in mind the time that had elapsed since the cow was delivered of its calf, it is somewhat difficult to account for the inflammation which must have preceded the indurated condition of the udder; unless it may have been traceable either to metastasis from the lungs, as it is not improbable the cough referred to may have been the result of a slight attack of pneumonitis; or it may have been the fault of the milker, who failed to strip the teats properly at milking.

Uterine Catarrh cured by Hydrastis.

This was the case of a small skye terrier bitch; when brought to me she was so weak that she could hardly stand, she refused all food, and appeared very dejected; the pulse and temperature about normal; visible mucous membranes very pale; there was a frequent desire to urinate, and an almost constant discharge of whitish, opaline secretion from the vagina; the examination to which I was obliged to submit the bitch, seemed to have a very exhausting effect. I prescribed, in the first instance, *pulsatilla*, 2 x, three

drops thrice daily, in a small quantity of milk; in ten days my patient was brought again, with the following report,—desire to urinate much diminished in frequency; appetite slightly improved, but still very capricious;—in health she would not refuse anything that was fit for food—no increase of strength, lies about all day in a listless manner;—generally full of life and play;—no diminution in vaginal discharge: hair beginning to fall off the body. I then thought it was desirable to change the remedy, and prescribed *hydrastis c.* 2 x, gttv., twice daily, at the same time ordering a vaginal injection of *hydrastis* morning and night.

A fortnight from this time I saw the owner, who informed me that so great was the improvement, he considered the bitch well-nigh cured. I recommended him to continue the injection so long as any signs of discharge were apparent, and as improvement took place, to gradually reduce the internal administration to once a day, and still further on, once in two or three days as health improved. In two weeks more I was advised that this course had been adopted with the best results; the bitch ate and drank heartily, urinated normally, was perfectly free from vaginal discharge, and was full of life and vigour.

This, for an animal nine years old, is a somewhat remarkable cure, and goes to show what homœopathy, properly applied will do. I was led to diagnose the case as uterine rather than simple vaginal catarrh from other symptoms that I need not take up space to explain. The hair of the bitch continued to fall off until she was perfectly bald. I then prescribed a course of *ustilago madis*, 1 x. gttiij. twice a day, and in a very short time it was apparent that the coat would soon be restored whole as before, which I am now able to report really did take place.

The interest which seems to attach to the before-mentioned cases mainly depends upon the evidence that, under morbid conditions, homœopathically prepared remedies administered according to the law of similars act upon the lower animals in an analogous manner to that in which they do upon the human subject. This is rather valuable information just at a time when the *British Journal of Homœopathy* appears to be attempting to discredit the value of experimental physiology on animals. I do not wish it to be understood that I am an advocate of

indiscriminate experiment upon animals; but, to my mind, the fact that in disease remedies act with much the same results upon the human subject and the lower animal—viz., effect cures—suggests the question: Have, after all, the many experiments which have been made upon animals concerning the action of remedial agents, such as are described in the *British Journal of Homœopathy* of this month to illustrate the failure of these efforts, really been conducted with that care, anticipation of surrounding conditions, and comparative state of health which is absolutely necessary if the experiments are to be of real value? With regard to a horse, for instance, it would be essential to make allowance for age, condition, the mode of life it had been subjected to, the state of its pulse, that there was no latent disease, &c., &c., and many questions that would require mature deliberation before fair comparison could be made between horse and horse, horse and ox, horse and dog, or between any other animals. The conditions should as nearly as possible be alike to render comparisons valuable; at the same time, I am of opinion that after making due allowance for well-known differences of constitution between men and animals, experiments on animals may prove advantageous to the physician.

For my own part, I should wish to conduct a given number of well-digested experiments, if the law would permit, before giving my adhesion to the views expressed in the *British Journal of Homœopathy* concerning the unreliability of pathogenesy among the lower animals, unless anyone can explain why there should be so marked a difference in results between an animal that is the subject of some morbid condition and one that is in the enjoyment of what is called health.

248, Upper Parliament Street.
10th January, 1883.

BRYONIA ALBA, AN INTERESTING ILLUSTRATION OF THE ACTION OF.

By Robert T. Cooper, M.D.,

Physician, Diseases of Ear, London Homœopathic Hospital.

Towards the middle of March, 1869, a woman, aged 42, of nervo-sanguine temperament, presented herself at the

Southampton Homœopathic Dispensary, to which I was then physician, with the following symptoms, which in my absence, were taken down by the dispenser: Pressing pain in the right side under the ribs—can scarcely bear to put on her clothes—catching her when breathing: about a fortnight ago something appeared to burst from the right side immediately under the ribs; the place is very tender, "like a boil." For these symptoms, the dispenser prescribed *bryonia alba*, 3rd decimal dilution, 7 drops, to go over the week. I saw her a few days after, and elicited that a purulent discharge had come away by stool after having had the sensation of something bursting in the side, and that now the stools are covered with a slimy white substance, and that large, long, stringy substances are passed, that the bowels are generally confined, and that for the last five years "the coats of the bowels" have been coming away by stool. For this she had been treated unsuccessfully by one of the leading allopaths in the town.

In July, she had had a miscarriage, and three weeks after was seized with flooding, when a second and similar mishap was supposed to take place, and this has left behind much weakness. Her legs are continually swollen, especially in the evening, and has very much pain across the back upon urinating, with pain as if in the neck of the bladder—this is worse in the day-time, but has also to get out of bed three or four times at night. Has very much headache across the eyes, temples, and occiput, especially before the monthly illness; feels "quite strange in her head." Finding the *bryonia* appeared to be beneficial, I continued it in the same dose.

24th March.—Has much pain through the shoulders; the slimy discharge from the bowels is much less; period has come on, very pale and scanty; the bowels are rather constipated, with a good deal of pain; the pain upon urination is much less, and does not pass water nearly so frequently, not at all disturbed at night.

31st March.—Feels better than she has done for years, the slimy substance from the bowels is nearly gone.

The *bryonia* was gone on with till 24th April, when the cure may be said to be completed. For although the patient has since suffered from a feebleness of digestion, with constipated bowels, she has, except for this, remained in good health ever since, and is quite convinced, as I had

an opportunity of hearing from herself only to-day, that the treatment saved her life.

It is gratifying to hear this, and especially interesting when one turns back to her case and finds the result entirely due to the administration of one remedy, and this our old and tried friend, *bryonia alba.*

The pathology of the case I take to be this: there evidently had been present for five years a severe catarrhal proctitis, such as we might have been tempted to prescribe *borax* or one of the mercurial preparations for; this not being properly treated, led to a sympathetic hepatitis, as we so often find occurring in dysentery, and this again to hepatic abscess, which had discharged itself into the bowel a fortnight before coming under treatment. The subsidence of the severe rectal and vesical troubles under *bryonia* is instructive, the hepatic symptoms are characteristic enough.

24th January, 1883.

LONDON HOMŒOPATHIC HOSPITAL. CASES OF TYPHOID FEVER UNDER THE CARE OF DR. J. GALLEY BLACKLEY.

Case I.*

Kate B—, aged 21, nurse in the hospital; of sanguine temperament, and previously in the enjoyment of robust health. Returned to the hospital on May 6th, 1881, after nursing a case of typhoid for some weeks, complaining of having felt out of sorts for some days. For the last two days had had rigors and headache, with severe pain in the back, great lassitude and absolute distaste for food; had vomited bile several times during the same period. Bowels had not been open for three days.

Symptoms on admission: Temp. 102.8°; pulse 120; skin hot and dry, face slightly flushed; tongue coated posteriorly, clean at tip and sides. No tenderness over abdomen; no spots. Was ordered an enema, *Baptisia* ø a drop every two hours; diet to consist of milk *ad libitum.* Evening temperature 104°.

* Cases I. to VII. are from the notes of Dr. G. Scriven, late resident medical officer.

May 7th. Morning Temperature 102.8 P. 118. Coughed a good deal till four o'clock this morning; had an attack of epistaxis, and vomited a small quantity of greenish fluid; bowels not moved; tongue dry and coated. Repeat med. E. T. 103.

May 8th. M. T. 101. P. 120. Slept well, but vomited frequently; six liquid stools of a light colour since yesterday morning; tongue cleaner; catheter used this morning; a few rose coloured spots on abdomen. E. T. 101.8.

May 9th. M. T. 102.4. P. 104. Very drowsy during night, but did not sleep soundly; six liquid stools since yesterday of the same character; vomited once; tongue brown; catheter passed this morning; eruption very copious and roseate over abdomen. Repeat med. E. T. 102.

May 10th. M. T. 102 P. 124. Restless, and cough troublesome till 3.30 a.m., afterwards slept; three liquid motions, pale and frothy, in twenty-four hours; passed water naturally; no sickness; tongue dry and brown; eruption profuse on chest to-day; colour bright rose. ℞ *Phos.* 3 x gttj. 2 dis horis. E. T. 102.8.

May 11th. M. T. 102.2. P. 120. Slept four hours in night; cough much better; seven motions since yesterday morning, all small but light and liquid, two were passed in the bed; tongue very dry and brown at tip; abdomen somewhat tympanitic, but not painful on pressure; no gurgling heard. ℞ *Arsen.* 1 gttj. 2 dis. *Bell.* at night if necessary. E. T. 101.8.

May 12th. M. T. 101.4. P. 120. Slept seven hours; cough better; four motions since yesterday morning, small but light; urine passed in bed at night; tongue furred but improved; vomited once in night; eruption profuse on chest. E. T. 101.6.

May 13th. M. T. 101.2. P. 120. Slept well after midnight; vomited three times; four small motions yesterday of same character; none during night; passed water (8 oz.) herself; tongue much cleaner and more moist; eruption slowly disappearing from chest; has appeared on arms. E. T. 102.4.

May 14th. M. T. 100.8. P. 120. Slept early in the night and in the morning; no sickness; bowels moved twice since yesterday morning; tongue still rather dry; eruption still marked on chest and arms; cough slight. E. T. 102.2.

May 15th. M. T. 100.4. P. 120. Slept eight hours; perspired somewhat about midnight; two motions in twenty-

four hours; eruption less marked on chest; vomited slightly once during the night; coughed very little; tongue cleaning along the sides. E. T. 102.2.

May 16th. M. T. 100. P. 120. Slept eight hours; three motions in twenty-four hours; slightly sick in evening; eruption fading from chest and arms; tongue still cleaning at sides. E. T. 101.6.

May 17th. M. T. 99.8. P. 120. Slept seven hours; two stools in twenty-four hours, pale; eruption much faded; tongue much cleaner. E. T. 100.8.

May 18th. M. T. 99. Slept eight hours; perspired freely during the night; two stools in twenty-four hours, pale. E. T. 101.0.

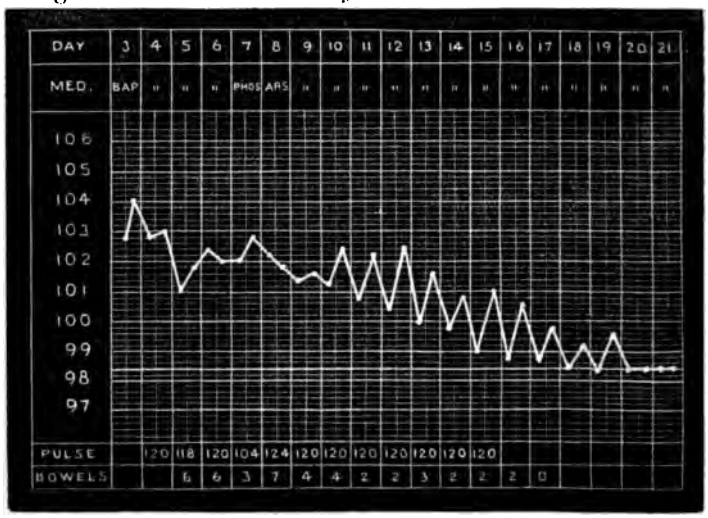
May 19th. M. T. 98.8. Slept eight hours; two stools in twenty-four hours; perspired freely after one o'clock; no sickness. To have beef-tea and arrowroot, and to omit medicine. E. T. 100.6.

May 20th. M. T. 98.8. Slept eight hours; no motions since yesterday morning; tongue clean; eruption almost faded from chest. E. T. 99.8.

May 21st. M. T. 98.4. Slept well, but woke sometimes with cough; tongue clean; eruption almost gone. E. T. 99.2.

May 22nd. M. T. 98.4. P. 104. Slept eight hours; tongue clean; cough slight; rash almost gone. E. T. 99.6.

May 23rd. M. T. 98.4. P. 100. Slept eight hours; tongue clean. Has had one *formed stool.*



May 24th. Temp. evening and morning normal. Has perspired very much during the night.

May 27th. To have fish and tripe on alternate days.

May 31st. Discharged cured.

Remarks.—By reference to this and the succeeding temperature charts, it will be observed that we have introduced in the second line the name of the drug given each day, with a view of furnishing to some extent a graphic representation of the effects of the medicines upon the temperature, &c. As no reasonable doubt could from the outset be entertained as to the nature of this case, and as it was free from complications, it was judged to be a favourable one for trying the effects of *baptisia* in the direction of aborting the attack. What these effects were will best be seen by a glance at the chart. Although the case was a benign one throughout, the temperature was only normal night and morning on the eighteenth day after her admission, and the twentieth from the date of the first rigor. An interesting feature in this case was the amount and duration of the rash, between thirty and forty spots of a very vivid pink being counted upon the trunk and arms at one time. These, as they faded, were replaced by others, and it was only on the day that the morning and evening temperatures were normal that the rash could no longer be detected.

Case II.

John S—, aged 9, admitted September 7th, 1881. Mother states that he caught cold four days ago.

On admission:—Temperature 101.8. Does not complain of any pain. Lungs and heart normal. To have milk and beef-tea, and *Acon.* 3 x, gttj, 2 dis. horis. Evening temperature, 102.4.

Sept. 8th. M. T. 101.8. Does not complain of anything. Slept well. ℞ *Arsen.* 3x. gttj. tert. hor. E. T. 103.2.

Sept. 9th. M. T. 102.4. Slept well; somewhat restless. There is discharge from both ears of yellow fœtid pus; three natural stools last night 7 p.m.; one at 12 to-day, pale clay-coloured and soft. He complains of no pain. There is no abdominal tenderness, no spots. Some gurgling and distention. Splenic dulness increased. Tongue very red. Pulse 116 full, not dicrotic. ℞ *Bapt.* 1x. gttj. alternately with *Arsen.* E. T. 103.2.

Sept. 10th. M. T. 101.6. Bowels moved once; slept fairly well; ears discharge still. E. T. 103.8.

Sept. 11th. M. T. 100.8. P. 108. Bowels moved twice, loose; slept fairly; rather restless; perspiration profuse; ears discharge. E. T. 104.6.

Sept. 12th. M. T. 102.6. Bowels moved nine times; slept well; cough troublesome; perspiration absent; ears discharge. P. 118. R. 52. E. T. 102.6.

Sept. 13th. M. T. 100.6. Bowels moved twice; slept well; cough not so troublesome; ears discharge less. P. 100. R. 40. E. T. 103.2.

Sept. 14th. M. T. 100.6. P. 112. R. 40. Cough less; bowels moved once, motion light and loose; ears still discharge. To discontinue the *Baptisia* and take *Arsen.* alone. E. T. 102.6

Sept. 15th. M. T. 101.8. P. 104. R. 48. Slept well; bowels moved twice yesterday, formed stools, but light. Coughs less; no expect; vocal resonance increased on both sides posteriorly; cooing râles, chiefly on right side anteriorly and posteriorly; alæ nasi expand slightly during respiration. E. T. 102.

Sept. 16th. M. T. 101.6. P. 100. R. 40. Restless; slept three hours; bowels moved twice. E. T. 102.

Sept. 17th. M. T. 101. P. 100. R. 40. Slept well; perspired a good deal; bowels not moved; appetite better. E. T. 104.

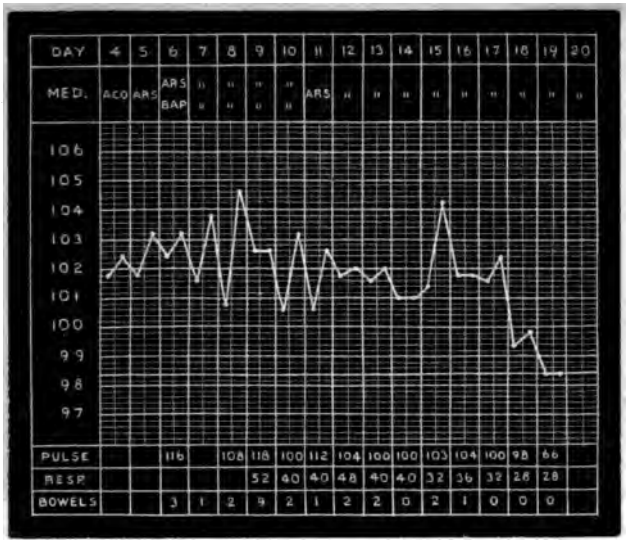
Sept. 18th. M. T. 101.4. P. 103. R. 32. Slept well; cough rather troublesome; perspiration continues; bowels moved twice yesterday. E. T. 104.2.

Sept. 19th. M. T. 101.8. P. 104. R. 36. Slept fairly well; talks and moans a good deal in his sleep; cough troublesome; perspiration profuse; bowels moved once. E. T. 101.8.

Sept. 20th. M. T. 101.6. P. 100. R. 32. Slept better, and less restless; perspired a good deal; bowels not moved; tongue cleaner and less dry. E. T. 102.4.

Sept. 21st. M. T. 99.4. P. 92. R. 28. Restless at night, and perspired a great deal; bowels not moved. E. T. 98.8.

Sept. 22nd. M. T. 98.4. P. 84. R. 34. Slept more quietly; perspiration much less; bowels not moved; coughed less.



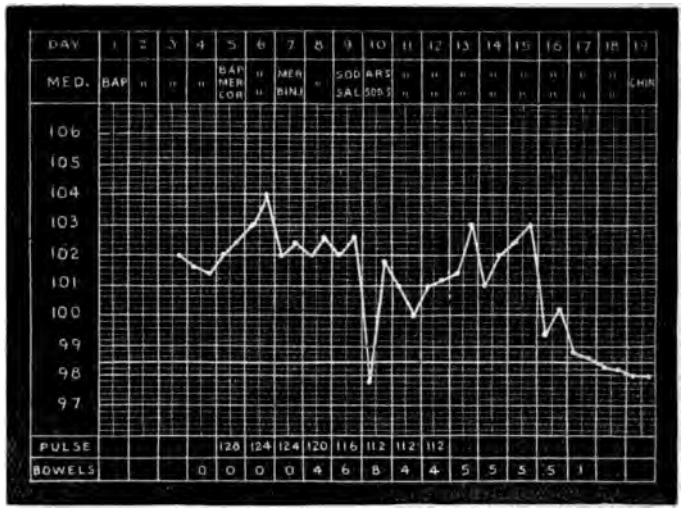
Sept. 23rd. Temperature normal night and morning. To have arrow-root in addition to milk and beef-tea. The bowels moved spontaneously on the 25th, and on the 29th he was allowed fish and rice pudding. On the 3rd of October he was up and about the ward.

Case III.

Florence P—, æt. 7; admitted December 5th, 1881.

[Note.—For details of this case the reader is referred to the *Monthly Homœopathic Review*, of March, 1882, p. 159, where the notes have appeared *in extenso*, but without the temperature chart, which is therefore here given with a few explanatory remarks.]

Remarks.—The case is particularly interesting from the fact that the patient, a child æt. 7, came from a house where there had been several cases of diphtheria, and the child's mother was at the time an in-patient with this disease. She herself, when admitted, had every symptom of commencing diphtheria, but within four days from the time that I first saw her the *ensemble* of the symptoms was that of unmistakable typhoid. This somewhat rare complication is interesting at the moment, as public attention has been drawn to it through the recent illness of the Postmaster-General.



For the treatment it will be seen by the chart that she received *Baptisia* (ϕ gttj. tert. hor.) at first singly and then in combination with *Merc. cor.*, the evening temperature rising meanwhile to 104°. For the subsequent day treatment I refer again to the chart, calling particular attention to the effect of *Salicylate of Soda*, which was given in 2½-grain doses, in alternation with *Arsen.* every two hours for upwards of a week. The first effect of the drug was a rapid fall in the temperature, but this was not maintained, and its subsequent action was, to the best of my belief, *nil.*

Case IV.

Ethel K—, aged 4, admitted Feb. 8th, 1882. **History:** Was visited at home three days ago by the house-surgeon, who found the child with a temperature of 101°, furred tongue, and constipated bowels. On the following day temp. 105°; tongue thickly furred, but red at edges and tip; bowels still confined; respirations rapid, but no physical signs; slight cough. On 7th, temp. 104.4; breath offensive; one natural motion; cough worse, no expectoration. Was admitted to hospital.

On admission.—Child very pale, and looks heavy; tongue white, except at tip, which is bright red; abdomen distended, resonant, and slightly tender on pressure; there are a few rose-coloured spots of a doubtful character.

No marked dulness on either side of chest, anteriorly or posteriorly; breath-sounds high pitched; no accompaniments. Was ordered milk and beef-tea, and to have *Arsen.* 3 x gttj. tert. hor. E. T. 103.6.

Feb. 9th. M. T. 102.4. P. 156. R. 40. ℞ *Ant. tart.* 3 x grj., quaque horâ. E. T. 102.4.

Feb. 10th. M. T. 103.4. P. 152. R. 52. Child has been crying nearly all night, and hardly slept at all; has taken milk fairly well; cough rather worse this morning; the expiratory murmur all over chest is high pitched and well marked, but no well marked tubular breathing; at bases behind occasional moist sound to be heard when child coughs; tongue still very white; bowels open twice yesterday, natural in colour, rather constipated; aphthæ along gums. To have *Phos.* 3 x gttj. alternately with *Ant. tart.* E. T. 103.8.

Feb. 11th. M. T. 102. P. 144. R. 32. Slept very little; bowels moved twice yesterday, stools formed, but light; several pink spots on abdomen, chest, and back. Returned to *Arsen.* E. T. 103.6.

Feb. 12th. M. T. 102.4. P. 144. Restless all night; tongue thickly coated, and bright red at tip; spots on abdomen well marked. E. T. 101.4.

Feb. 13th. M. T. 100. P. 160. R. 52. Very restless all night; abdomen much distended with flatus; slept but little. This morning child still restless; tongue coated at posterior one-third; very red at the tip and sides; bowels open twice, light but formed; abdomen very distended; a great many spots also on the back. E. T. 102.4.

Feb. 14th. M. T. 101. Spots continue on abdomen, though some have faded; still distended and tender; bowels moved six times, stools light but not loose. E. T. 101.8.

Feb. 15th. M. T. 100. R. 48. P. 152. Better night; bowels open once, light but well formed; spots fading; tongue dry and furred posteriorly. E. T. 101.8.

Feb. 16th. M. T. 101. R. 32. P. 132. Slept better; cough better; bowels open once; tongue rather cleaner; takes nourishment well. E. T. 102.

Feb. 17th. M. T. 100.8. P. 140. Slept fairly; bowels open four times, not loose but light; tongue cleaning. E. T. 103.2.

Feb. 18th. M. T. 100.6. P. 140. R. 40. Slept two

hours; three actions of bowels; tongue cleaning, moist. E. T. 100.4.

Feb. 19th. M. T. 100.2. Did not sleep so well; four actions. E. T. 100.

Feb. 20th. M. T. 100.4. P. 124. Slept fairly; bowels moved three times; tongue very red and dry. ℞ *Rhus. tox.* 1 x gttj. 2 dis horis. E. T. 99.

Feb. 21st. M. T. 100.6. P. 144. R. 48. Had a much better night; bowels open three times; tongue clean but dry; still a good deal of abdominal tenderness. To have some well-boiled rice. E. T. 99.4.

Feb. 22nd. M. T. 100.4. P. 148. R. 32. Two small stools found; sleeps well. E. T. 100.4.

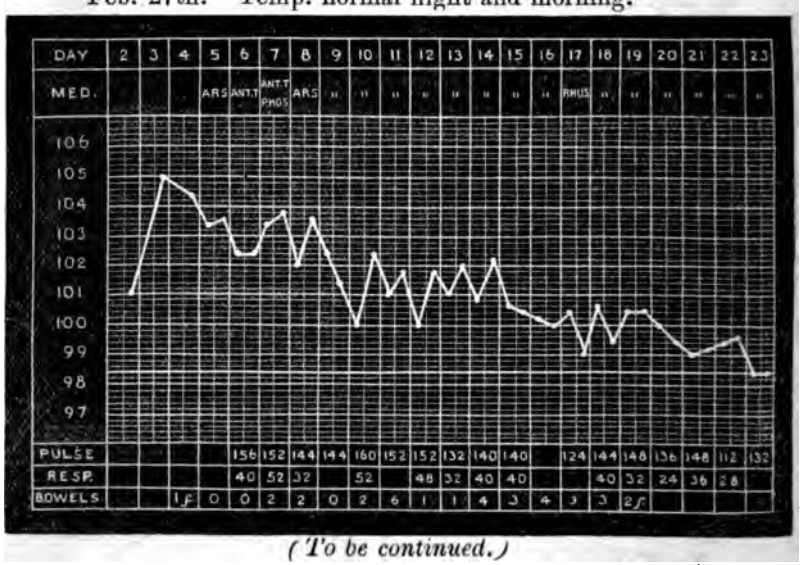
Feb. 23rd. M. T. 100. P. 136. R. 24. Slept fairly; perspired a great deal; bowels open once; abdomen tender. E. T. 99.4.

Feb. 24th. M. T. 99. P. 148. R. 36. Seems better this morning; bowels once, not so light, very constipated; tongue clean. E. T. 99.2.

Feb. 25th. M. T. 99.4. P. 112. R. 28. Bowels open once; very constipated, natural in colour; abdomen not so tender. E. T. 99.6.

Feb. 26th. M. T. 98.4. P. 132. Bowels once, natural Discontinue medicine.

Feb. 27th. Temp. normal night and morning.



(To be continued.)

REVIEWS.

Hahnemann, The Founder of Scientific Therapeutics. Being the Third Hahnemannian Lecture, 1882. By R. E. Dudgeon, M.D. London: Gould & Son.

In this brilliant and sparkling address, which, in touching and generous terms, is dedicated to the memory of Dr. Bayes, Dr. Dudgeon makes good the claim of Hahnemann to be regarded as the first physician who, throughout the entire history of medicine, has placed the selection of drugs, in the treatment of disease, on a scientific basis. Passing rapidly in review the men who have, at various periods from the days of Hippocrates onwards, been esteemed as the most brilliant lights in medicine, he shows, with a clearness that leaves nothing to be desired, that not one of them accomplished anything that contributed to the scientific development of therapeutics. Before the time of Hahnemann, all relating to the prescription of drugs was derived from hypothesis of the vaguest kind, dependence upon which resulted in the use not only of substances unmentionably filthy, but of others given in quantities rendering them seriously injurious.

By the enunciation of the doctrine of similars, by instituting experiments on the healthy with drugs for the purpose of ascertaining the kind of effects they produce, by proving that all the good effects they can give rise to in the treatment of disease can be fully secured in small doses, and by showing the inutility of poly-pharmacy, Hahnemann put therapeutics on a solid scientific foundation.

The periods of Hahnemann's life, on which Dr. Dudgeon dwells, are that relating to Leipsic, and the time he spent at Cœthen.

It was at Leipsic that Hahnemann, with the aid of numerous pupils, through the influence he possessed as a *privat-docent*, or extra academical lecturer, and by means of the extensive field for clinical observation, that this important city presented to him, established his medical system, and provided the means for carrying it into practice. It was Homœopathy *pur et simple* that he taught so long as he resided in the University town.

Driven from Leipsic, he found refuge at Cœthen, where, under the protection of the Duke of Anhalt-Cœthen, he led a comparatively retired life for many years. It is to his retirement, to the lack of material for observation, that Dr. Dudgeon traces the origin of the theory of dynamisation, of psora as the root of a large proportion of chronic disease, of the 30th dilution as the one dose for all cases, and other speculative views, which have since, very stupidly as we think, been regarded by some as integral parts of homœopathy.

Of the manner of life led by Hahnemann at Cœthen, comparatively little is probably known with absolute certainty; but,

in some particulars, Dr. Dudgeon's account of it is at variance with what has hitherto been communicated regarding it. "In Cœthen," writes Dr. Dudgeon, in 1882, "he had actually no practice among the townsfolk, and never visited a patient, except his patron. The only practice he had was occasional consultations by letter, and a few rich patients, the subjects of chronic disease, who, attracted by the fame of his name, paid short visits to Cœthen in order to consult him." This description differs widely from that given by Dr. Dudgeon in the biography of Hahnemann, prefixed to his *Lectures on the Theory and Practice of Homœopathy*, published in 1854, where we read (p. 35) of "the patients who flocked to Cœthen for his advice." The late Dr. Rutherford Russell, too, who spent a good deal of time in efforts to collect materials for an accurate life of Hahnemann, says of him when describing his career at Cœthen, "His fame had now become so great, that patients consulted him from all parts of Europe, and members of the medical profession made pilgrimages to his shrine." (*History and Heroes of Medicine*, p. 431). The late Dr. Quin, who was a personal friend of Hahnemann, and visited him at Cœthen, when in the course of an address delivered before the British Homœopathic Society, at the annual assembly in 1864, referring to his practice in that town, said that it "chiefly consisted of invalids who had flocked there to consult him from different parts of Germany, and from distant countries, for chronic diseases of long standing, which had resisted all the means of cure previously employed." Lastly, Dr. Michel Granier, of Nimes, in his *Conferences on Homœopathy* (p. 417), when describing Hahnemann at Cœthen writes:—"Hahnemann soon saw his modest study crowded with patients of all kinds, especially those suffering from diseases which had been given over by the imperfect skill of his enemies . . . His practice became immense, and it is a remarkable fact, that it was by curing several medical men of affections which the old method had left unrelieved, that he made the most zealous and enlightened disciples." We cannot, therefore, accept, as an historical fact, the statement that Hahnemann's opportunities for the observation of disease from 1821 to 1835, were so few and limited as Dr. Dudgeon appears to represent them as having been, in the lecture before us.

Instructive and entertaining throughout, the concluding twelve pages form an eloquent and powerful description of the position Hahnemann will occupy in the history of medicine, when the prejudice which repels enquiry shall have disappeared, and the ignorance which now prevails respecting his method shall have vanished before the light of knowledge and under the influence of experience.

Supra-pubic Lithotomy.—The High Operation for Stone.—Epicystotomy.—Hypogastric Lithotomy—The High Apparatus. By Wm. Tod Helmuth, M.D. Boericke & Tafel: New York and Philadelphia.

In a note at the end of this monograph, the author states that the greater portion of it was prepared in 1878-79, and constituted his thesis for admission to the Medico-Chirurgical Society of New York. He now presents it in a more complete form, illustrated with some remarkably good lithographic plates and numerous wood engravings. There is also a chapter on the statistics of the operation, which has been most carefully prepared by E. Guernsey Rankin, A.M., M.D.; among other tables there is one containing 431 cases, dating from 1560 up to the present time, and as in each case the particulars are given separately, some idea may be formed of the labour which has been expended upon this part. The work commences with a very good history of supra-pubic lithotomy, and the different methods of performing the operation, and among many other interesting facts gives the well authenticated case of Jean de Dot, the smith of Amsterdam, "who cut himself in the linea alba above the pubis and took out of his bladder a stone as large as a hen's egg."

In the preface it is made plain that Helmuth does not consider epicystotomy preferable to the crushing operation, when the latter can be done, but expresses his conviction "that if a cutting operation be desirable hypogastric lithotomy in many cases is preferable to all others."

The objections to this operation have always been the dangers of peritonitis and extravasation of urine; Helmuth shows by a series of experiments that there ought to be very little danger of wounding the peritoneum, while he also maintains that with proper precautions the danger of extravasation of urine is slight. He gives a full account of four cases operated on by himself, and finishes his work by giving most minute and clear directions for each stage of the operation, and for the after-treatment.

Of the style in which the work is presented we can only speak in praise; and after careful consideration of his arguments in favour of it, we feel convinced that Helmuth has good reasons for the favourable view he takes of the operation, and hope that his work may help to place supra-pubic lithotomy among the many triumphs of abdominal surgery.

Handbook of Homœopathic Practice. By G. M. Ockford, M.D. Chicago: Duncan Bros.

The list of handbooks of homœopathic practice is becoming a formidable one. This new addition to the list is, however, modest in its pretensions, and we can honestly say it fulfils its

design. Many handbooks of the catchpenny advertising class are issued nowadays which start by pretending to teach the uninitiated how to cure all diseases in a simple and speedy manner. Everyone knows examples of lamentable failure, and blame is cast upon the system; we would fain believe that the good done outweighs the evil. The author of this book takes for granted that the reader is well up in practice of medicine, and so we are spared everthing but the mere definition of the disease. The book is really a repertory, arranged so that the busy practitioner can snatch it up and on looking up for any disease can glance over the various medicines which are homœopathic to it. The mind often hesitates between two drugs, and a momentary glance at such a book as this will often decide the choice. The volume is copious without being prolix, tastefully got up, and will often, we feel sure, prove a handy companion on the library table.

REPORTS.

ANNUAL REPORT OF THE BATH HOMŒOPATHIC HOSPITAL.

We have received an advance proof of the Thirty-Third Annual Report of this Institution, in which there are several points of interest. Homœopathy seems to be flourishing apace in Bath. The committee have appointed Dr. Percy Wilde as Stipendiary Medical Officer, so as to cope, in some measure, with the demand for attendance at home among the patients of the dispensary. The efficiency of the hospital has been much improved by the appointment of a trained nurse to take charge of its wards, and by the institution of a daily out-patient department. The hospital, at present, possesses the following accommodation:—Two wards, containing four beds each, for women; one ward, with four beds, for men; one ward, with two beds, for isolating purposes, and one private ward, making a total of five wards and fifteen beds.

The committee have, we think, acted wisely in the interests of the hospital, in opening a private ward for paying patients. The charge is a moderate one, being but one guinea per week, and the benefits received will do much to raise homœopathy in the esteem of the recipients, and will ultimately lead, without doubt, to a large increase in the accommodation of the hospital.

There has been a marked increase in the out-patient attendances, which have risen from 3,591 in 1881, to 4,293 in 1882, with 835 new cases.

The number of in-patients during the past year has been 63, of which 14 were men, 44 women, and five children.

It is pleasant to learn that the finances of the hospital are in a fair condition, although considerable help will be needed during the coming year.

REPORT OF THE NOTTINGHAM HOMŒOPATHIC DISPENSARY.

THE twenty-eighth annual report of this institution has been sent to us by Dr. Stanley Wilde. The number of patients treated during the last year has been very considerable, no less than 482 new cases having been entered. It is very satisfactory to find that many of these came from outlying villages, thus giving proof that homœopathy is not a *delusion* simply confined to a few foolish rich folks. We should be glad to learn in the next report that the subscriptions had increased, as at present they seem quite inadequate to the magnitude of the work.

LONDON HOMŒOPATHIC HOSPITAL.

THE management of the London Homœopathic Hospital are certainly to be congratulated on the steady increase in the number of their endowed beds. Some time since a munificent lady undertook to maintain, by an annual payment of £210, six beds for the advantage of patients who might require a longer stay in the wards than the rules ordinarily governing the retention of patients would allow. That act of philanthropy was afterwards followed by the endowment of a cot in the children's ward by Mr. and Mrs. James Torrance Gibb, in memory of a little son who died while they were on a visit to London, the annual cost being £25. Miss Barton, a very generous supporter of the hospital, has recently endowed an adult bed by an annual payment of £35. In addition to these special annual endowments, a nobleman munificently provides for an annual subscription of £250. And now, some friends of the late Dr. Bayes, headed by Miss Goldsmid, are intending to endow in perpetuity a ward as a personal tribute to his memory, that lady herself endowing in perpetuity an adult bed at a cost of £1,000, and contributing handsomely in addition.

SOCIETY FOR THE PREVENTION OF BLINDNESS.

SOCIETIES to cure disease, or to relieve the consequences thereof, there are in abundance; but to associate people to prevent disease by educating those especially exposed to it is not so easy a matter. Dr. Roth has, with that untiring and dauntless energy which is so marked a feature of his character, been striving for the last three years to convince the public of the necessity for conjoint action in teaching the poor how, by the simplest precautions, they may prevent their children becoming sightless. So far his success has, we fear, been in inverse proportion to the merits of his scheme, and utterly unworthy of the efforts he has made. Single handed he has prepared, printed and distributed, through the Charity Organisation Society and

other channels, thousands of leaflets, containing excellent advice to parents which, if followed, would prevent a large amount of life-long suffering.

Dr. Roth has just issued the third annual report of the society of which he is at once committee, treasurer and secretary. In it he has published extracts from a paper read by Dr. Haltenhoff, of Geneva, one of the secretaries of the Hygienic Congress held there last autumn.

Dr. Haltenhoff commenced by showing that—

"Statistics prove that about one person in 1,000 is blind. There are in Europe about 311,000 blind, without counting several countries of which we have no statistics.

In Finland there are	270	blind in	100,000
,, Norway	,,	135	,,	,,
,, France	,,	90	,,	,,
,, Mecklenburg		90	,,	,,
,, England	,,	104	,,	,,

After a well merited tribute to the exertions of our colleague, Dr. Roth, and a reference to the prize which has been offered by the English Society for the best essay on the prevention of blindness. Dr. Haltenhoff describes the causes of blindness, to which especial attention should be directed in the following terms.

"The various publications on the subject prove that incurable blindness at birth is very rare, scarcely 2 per cent., and that the greatest number of cases of blindness is caused by the inflammation of the external parts of the eye, and most *frequently by the suppuration of these parts*. The most prominent disease causing incurable blindness is the purulent inflammation of the eyes of new-born babies, which in various countries causes 33 to 50 per cent. of blindness.

"Dr. Daumas, of Paris, observed among 1,170 blind, 817 cases in which blindness was caused by contagious and epidemic inflammation of the eyes in the first few weeks after birth; here the per-centage amounts to the enormous proportion of 69.

"Several other purulent and contagious inflammations of the eyes, caused by external influences and by a purulent contagion, frequently also cause blindness in adult persons. It has been ascertained that in all these complaints the same microbe exists, which is found in the purulent inflammation of the eyes of the new-born, which last is frequently due to the *mother's blennorhagia*. * * * *

"During school life short sight is very frequently developed, and the progressive short sight causes, according to Professor Cohn and his pupil, Dr. Seidlmann, 10 per cent. of a more or less imperfect sight similar to blindness, and Dr. Hirschberg thinks that at least 6 per cent. of blindness is caused by short sight.

"We know that scrofula, syphilis, typhoid complaints, scarlatina, measles, frequently cause blindness, and that before Jenner's discovery, small-pox caused hundreds and thousands of cases of blindness amongst the young and adults.

"Dr. Stefan mentions that in Prussia small-pox caused 85 per cent. of blindness before Jenner; at present *not more than 2 per cent. are due to this cause.* Alcoholism must not be forgotten as a cause of partial and total loss of sight, by frequently causing optic atrophy.

"Wounds and accidents with the sympathetic inflammation of the eye cause 10 to 24 per cent. of blindness amongst adult people.

"The granular chronic inflammation of the eyelids called TRACHOM is very contagious, and causes in several countries much blindness; according to Dr. Reus, more than 11 per cent. of the Russian soldiers in the Caucasus suffer from this severe disease.

"Our eminent colleague, Dr. and Professor Sormani of Pavia, has promised to publish a map of Italy showing the frequency of blindness in the various provinces.

"After the age of 50, cataract and glaucoma cause much blindness, but many of these cases are curable. Although glaucoma causes 4 to 15 per cent. of incurable blindness, this incurability is to be attributed to the neglect of the patient, who has allowed the time to pass when an operation was still possible, or to medical ignorance, which in general must be admitted as a frequent cause of blindness."

We regret that we have not space for further extracts from this interesting paper.

We would urge such of our readers as feel an interest, not merely in the blind, but in those who, from the ignorance of the persons who have the care of them, are especially exposed to becoming blind—and all ought to be interested—to apply to Dr. Roth, 48, Wimpole Street, London, for a copy of this report, and to offer him the assistance, not only of their purses, but of their time and thought.

NOTABILIA

THE ANOCULOSCOPE.

THIS instrument, which is described in the report of the Society for the Prevention of Blindness, is most interesting and in the highest degree ingenious. It is well known that the sense of touch in the finger tips of the blind becomes highly developed, so much so that in many instances blind persons can do things for which sight is generally considered necessary. M. Grin,

recognising this fact, has devised an apparatus so ingenious that we quote his description in full :—

"*Anoculoscope, an apparatus for seeing without the eye.*—I wish to call the attention of the friends of the blind to an apparatus (invented by Mr. Camille Grin, an engineer of the Ecole Centrale in Paris (which enables the blind to read the ordinary (not raised) print by the mere touch.

"Mr. Grin has sent the following description in French 'My apparatus is based on the property of selenium, being a good or bad conductor of electricity according to its exposure to light or darkness; it is composed of a small photographic apparatus, which can be moved on the printed lines which are to be read. The back of the dark chamber is divided into several compartments, each lined and furnished with selenium and each corresponding to a movable needle. The needles are raised above a level surface, pierced by little holes, by the shades projected in the apparatus, and reproduce wilh the greatest speed in relief (under the very sensitive fingers of the blind) the different letters of the print, while the dark chamber is moved by the blind over the various letters.'

"It is really an eye, the retina of which is *substituted* by the tactile surface of the finger; and can reproduce, *by the aid of points*, all the images presented to it. The inventor has published a pamphlet with drawings, explaining and illustrating the apparatus; but his means have not yet permitted him to employ his philanthropic invention practically. Some persons of means and interested in the blind might communicate with Mr. Grin, 6, Rue Hippolyte, Paris, who most disinterestedly places his invention gratuitously at the disposition and for the benefit of the blind."

Dr. ROTH.

We have heard with pleasure that our colleague, Dr. Roth, has been elected a corresponding member of La Société de Medicine Publique et d'Hygiene Professionelle in Paris.

Equally gratifying is the recognition of his efforts to ameliorate the privations and sufferings of the blind made to him by the International Society for Improving the Condition of the Blind—in presenting him with a diploma and medal for his services on behalf of these poor and sorely afflicted people.

HOMŒOPATHY IN RUSSIA.

Recently, in response to a petition presented to His Majesty by Dr. von Dittmann, who will be well remembered by all who attended the International Homœopathic Convention of 1881, the Emperor of all the Russias has permitted the establishment of a Homœopathic Hospital in St. Petersburg. This has been viewed

by the allopaths of Russia much in the same light as was the preaching of St. Paul by the Ephesians, who made shrines for the great goddess Diana! Perceiving their craft to be endangered, these worthies—or the reverse—have instituted a tremendous onslaught upon the "exploded" system and its abettors. The Board of Health has issued an official document and published it in the Government newspaper, in which they declare that homœopathy is something utterly unscientific, is no method of cure, and is indeed all bosh! To this solemn absurdity, some influential medical men have, by appending their names, rendered themselves ridiculous. In order still further to fortify themselves against the continued invasion of all sound therapeutic knowledge, Dr. Eichwald, one of the most esteemed professors of the military academy of St. Petersburg, has been, if not edifying, at any rate, amusing the public by some lectures on homœopathy. According to this self-constituted authority, whose chief claim to be heard is his ignorance of the subject on which he speaks, homœopathy is incapable of curing any disease, to say nothing of epidemics, and assures his public that experience has fully proved that homœopathy, as a branch of medical science, has no existence.

There is at present a tolerably strong fight raging in St. Petersburg. We earnestly implore our colleagues there to persevere. They have both right and knowledge on their side, while their opponents are hampered by ignorance and confronted by truth.

MEDICINE AS PRACTISED BY ANIMALS.

M. G. Delaunay, in a recent communication to a Biological Society, observed that medicine, as practised by animals, is thoroughly empirical, but that the same may be said of that practised by inferior human races, or, in other words, by the majority of the human species. Animals instinctively choose such food as is best suited to them. M. Delaunay maintains that the human race also shows this instinct, and blames medical men for not paying sufficient respect to the likes and dislikes of the patients, which he believes to be a guide that may be depended on. Women are more often hungry than men, and they do not like the same kind of food; nevertheless, in asylums for aged poor, men and woman are put on precisely the same regimen. Infants scarcely weaned are given a diet suitable to adults, meat and wine, which they dislike and which disagree with them. M. Delaunay investigated this question in the different asylums of Paris, and ascertained that children do not like meat before they are about five years of age. People who like salt, vinegar, &c., ought to be allowed to satisfy their tastes. Lorain always taught that with regard to food, people's likings are the best guide. A large number of animals wash themselves and bathe,

as elephants, stags, birds, and ants. M. Delaunay lays down as a general rule that there is not any species of animal which voluntary runs the risk of inhaling emanations arising from their own excrement. Some animals defæcate far from their habitations; others bury their excrement; others carry to a distance the excrement of their young. In this respect they show more foresight than man, who retain for years excrement in stationary cesspools, thus originating epidemics. If we turn our attention to the question of reproduction, we shall see that all mammals suckle their young, keep them clean, wean them at the proper time, and educate them; but these maternal instincts are frequently rudimentary in women of civilised nations. In fact, man may take a lesson in hygiene from the lower animals. Animals get rid of their parasites by using dust, mud, clay, &c. Those suffering from fever restrict their diet, keep quiet, seek darkness and airy places, drink water, and sometimes even plunge into it. When a dog has lost its appetite it eats that species of grass known as dog's grass (*chiendent*), which acts as an emetic and purgative. Cats also eat grass. Sheep and cows, when ill, seek out certain herbs. When dogs are constipated they eat fatty substances, such as oil and butter, with avidity, until they are purged. The same thing is observed in horses. An animal suffering from chronic rheumatism always keeps as far as possible in the sun. The warrior ants have regularly organised ambulances. Latreille cut the antennæ of an ant, and other ants came and covered the wounded part with a transparent fluid secreted from their mouths. If a chimpanzee be wounded, it stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth. A dog on being stung in the muzzle by a viper was observed to plunge its head repeatedly for several days into running water. This animal eventually recovered. A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook, where its food was taken to it; the animal recovered. A terrier dog hurt its right eye; it remained lying under a counter, avoiding light and heat, although habitually it kept close to the fire. It adopted a general treatment, rest and abstinence from food. The local treatment consisted in licking the upper part of the paw, which it applied to the wounded eye, again licking the paw when it became dry. Cats also, when hurt, treat themselves by this simple method of continuous irrigation. M. Delaunay cites the case of a cat which remained for some time lying on the bank of a river; also that of another cat which had the singular fortitude to remain for forty-eight hours under a jet of cold water. Animals suffering from traumatic fever treat themselves by the continued applica-

tion of cold, which M. Delaunay considers to be more certain than any of the other methods. In view of these interesting facts, we are, he thinks, forced to admit that hygiene and therapeutics, as practised by animals, may, in the interests of psychology, be studied with advantage. He could go even further, and say that veterinary medicine, and perhaps human medicine, could gather from them some useful indications, precisely because they are prompted by instinct, which are efficacious in the preservation or the restoration of health.—*British Medical Journal.*

"HODGE," AS A SURGICAL CRITIC.

Sir James Paget, the well-known surgeon, has a country house in Kent. A few days ago, as he was out walking, he witnessed a serious accident. Two men were driving in a cart, when one of them fell out, and, the wheel passing over him, broke his leg. Sir James, with a kindness which belongs to his profession, had the man lifted into the cart, and proceeded to do what was required to be done. In the meantime the poor sufferer's companion hurried off to the local medico, whom he addressed in this fashion: "Please, sir, Bill has been and fallen out of the cart and got his leg broke; there's an old cove a-pulling of him about, but I can see he ain't up to much, so I wants you to come at once, sir, 'cos Bill's very bad." The doctor hastened to the scene, and discovered at once, to his surprise, that the "old cove" was Sir James Paget, who in the interim had improvised some splints and bound up the leg with a copy of the *Times* newspaper.—*The Students' Journal and Hospital Gazette.*

OBITUARY.

ROBERT J. McCLATCHEY, M.D.

Most heartily do we sympathise with our medical brethren in the severe loss they have sustained by the death of their ever active colleague and most genial friend, Dr. McClatchey, which took place on the 15th of January, fourteen hours after the appearance of the first symptoms of cerebral apoplexy, in the 47th year of his age.

A native of Philadelphia, a student and graduate of what is now called Hahnemann Medical College, Dr. McClatchey commenced practice in that city in 1868. He gave early evidence of his capacity for public work, and his zeal in its performance. Through his efforts the Homœopathic Medical Society of Philadelphia was reorganised in 1866, and of it he was the Secretary

for nine years; the State Homœopathic Medical Society of Pennsylvania had the advantage of his service as secretary for several years from the date of its formation. In 1867 he became Professor of Anatomy in Hahnemann Medical College; and by his tact and judgment did much to rescue it from the destruction with which internecine feuds at that time threatened it. In 1868, and for ten years thereafter, he edited *The Hahnemannian Monthly*, and was unremitting in his efforts to place that journal in the front rank of American homœopathic periodicals. In 1871 he accepted the arduous post of Secretary to the American Institute of Homœopathy, from which he retired in 1879.

In 1871 Dr. McClatchey was chiefly instrumental in founding the Hahnemann Club, a small but eminently useful and influential society. Of it he was at its first meeting elected the President, and as each year came round he was re-elected as unanimously as he was originally chosen.

He was an enthusiastic admirer of the writings of Charles Dickens, and was ever looking forward to the time when he might visit England and explore the localities in which the scenes of our great novelist are laid. One of the fruits of his familiarity with Dickens was, we learn from the *Hahnemannian Monthly*, the establishment of the Children's Homœopathic Hospital of Philadelphia. "The organisation of such an institution was," we are told, "originally suggested to the doctor by his first wife, after listening to his reading, from *Our Mutual Friend*, Dickens' account of the waif who died in the children's hospital, and who, with his dying breath, bequeathed his toys to his fellow-sufferer in the adjacent cot."

In 1877, yielding to the pressure of friends, he accepted, in spite of very indifferent health, the chair of Practice of Medicine in Hahnemann Medical College. His work here he pursued until the end came, and he did so, we are told, "with a remarkable measure of acceptance and success." A graduate of the college once described his lectures as "living pictures of disease."

In making the arrangements for, and carrying out the details of the Homœopathic Convention of 1876, Dr. McClatchey was intimately associated with the late Dr. Carroll Dunham, and was largely instrumental in securing the success of that gathering. As secretary, the preparation of the *Transactions* for the press fell to his lot. His able coadjutor, Dr. Dunham, had, by the time the papers came into his hands, been removed by death, and his own health was already much impaired. Cerebral disease, insidious in invasion and unrecognised either by himself or his colleagues, paralysed his energy for work of all kind, and the duty of preparing the *Transactions* dragged along for some time, when at last he was compelled to hand it over to others. Just a a year after doing so "the worn out brain and body suddenly

succumbed, and for weeks lay struggling in a conflict between life and death. His disease was purely cerebral," and fully explained that diminished aptitude for work which had for three or four years so much disappointed his friends. He recovered a fair measure of health, but his power for long-continued and severe mental labour was gone, and the end which occurred in January was, from this time, fully anticipated by his medical brethren.

Dr. McClatchey will long be remembered in the United States as a physician who strove earnestly to unite his medical brethren in developing and propagating the greatest truth in therapeutics. Nowhere, perhaps, was such influence as his more needed than in Philadelphia; and year by year, the success of his efforts have been increasingly apparent. The improved teaching at the College, the harmony which exists in the State and County Medical Societies, and the excellent position which, as a medical journal, is occupied by the *Hahnemannian Monthly*—the property of the Hahnemann Club—are largely due to his capacity for organisation, his earnestness in cultivating good fellowship, his literary and scientific ability, and his zeal for homœopathy.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—In confirmation of Dr. Galley Blackley's letter in the current number of the *Review*, I may mention that I have at the present time a well-marked case of typhoid fever and diphtheria.

The patient is a young man about 25. The attack began with well-marked symptoms of enteric fever. High temperature, diarrhœa very frequent, although not at first very characteristic. At the end of second week, well-defined spots, dry typhoid tongue, great delirium and prostration.

About the twelfth or thirteenth day he complained so much of his throat that I made an examination, and found a well-defined deposit of diphtheritic membrane covering the uvula, tonsils, and fauces. It did not present the usual odour of diphtheria, but in appearance could not be distinguished.

He is making a slow and tedious recovery, but is now out of danger.

This is the first time I have met with the combination of the two affections in the same patient, but the symptoms of each are so well marked that there is no doubt whatever of the fact.

Yours, &c.,

H. Wheeler.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

A HOMŒOPATH WHO YET HONOURS SCHUSSLER.—We can see no advantage to be gained by publishing your letter. Schussler is certainly not a homœopath, but such medicines as he advises are, if proved, capable of being used homœopathically. The statement made by him (p. 30 of the English translation), that the twelve remedies, the claims of which he supports, "are sufficient to cure, in the shortest way, all diseases that, on the whole, are curable," not only shows that he is no homœopath, but stamps him as an untrustworthy observer.

DR. HORACE DOBELL AND THE HOMŒOPATHIC DIRECTORY.—We are requested to state, that the name of Dr. Dobell, who is well-known in connection with Pancreatine and "Mont Doie," a sort of limited liability hydropathic establishment, in the course of erection at Bournemouth, was inserted in the Directory by mistake. It will be remembered that when Dr. Dobell left London to reside in Bournemouth, he announced the interesting and important fact by "a card" to a large proportion of the medical profession and to others. Among the favoured ones was a member of the firm of Thompson and Capper, who, on the very day when Dr. Dobell's card arrived was receiving the bulk of the circulars from which the Directory was to be compiled. Knowing no reason why it should have been sent to him except for the purposes of the Directory, Mr. Thompson sent a communication to Dr. Dobell and *receiving no answer*, he concluded that "silence gave consent," and inserted it accordingly. Dr. Dobell, we believe, complains of the injury and annoyance which the insertion of his name has caused him. He has no one but himself to blame if such is the case. By adopting the hitherto unusual mode of announcing a change of address by the distribution of a card on, as the *Lancet* said, "a very wholesale scale," Dr. Dobell initiated the mistake, and by his want of courtesy in not replying to Mr. Thompson's communication he confirmed it. But it is a mistake in which all the injury and annoyance may not be confined entirely to one side. It might have led to his being consulted by some who, from seeing his name in the Homœopathic Directory, might have supposed that they would be treated homœopathically by him, and their annoyance might have been considerable when they found that they were not so.

Communications, &c., have been received from Dr. COOPER (London); Dr. PEDDIE (Dundee); Dr. GALLEY BLACKLEY; Dr. HALE (Rochdale); Dr. WHEELER (London); Mr. NORMAN (Bath); Dr. BYRES MOIR (London); Mr. KNOX SHAW (St. Leonard's); Dr. ROTH (London).

Erratum.—In the last number of this Review, by an error of Dr. Belcher, the name of Dr. Dudgeon was given in the List of Subscribers to the Bayes Memorial Fund, instead of Dr. Dyce Brown.

BOOKS RECEIVED.

Homœopathic World. United States Medical Investigator (Weekly). *California Homœopath. New York Medical Times. Therapeutic Gazette;* Detroit. *Old School Medicine and Homœopathy;* J. W. Dowling, M.D. *Hahnemann the Founder of Scientific Therapeutics;* R. E. Dudgeon, M.D. *Hæmorrhoids;* William Jefferson Guernsey, M.D. *Allgemeine Homöopatische Zeitung;* Leipzig. *Populäre Zeitschrift für Homöopathie;* Leipzig. *Boletin Clinico;* Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

HOMŒOPATHY IN GREAT BRITAIN.

We, last month, drew the attention of our readers to the position occupied by homœopathy, as the basis of drug-therapeutics, abroad; we now propose to examine what is its *status* at home.

Homœopathy has been preached and practised in England for upwards of fifty years. During this time the therapeutic teaching of the schools has varied widely. When Dr. Quin, Dr. Curie and Dr. Epps were in full practice venesection, mercury and purgatives were prescribed with an uniformity and a freedom all now acknowledge to have been terribly detrimental to life. Used in the reckless and unreflecting manner that they were, they in no way deserved the appellation of remedies. The success which followed the practice of homœopathy, both here and on the Continent, did not, as one would have expected that it would do, stimulate inquiry into its nature and method. Both had been too long, too loudly, and too coarsely denounced to render such an investigation possible to men who had not the courage to admit that they had been in error. Still the fact that people, both young and old, did recover from illnesses long supposed to be irremediable unless the antiphlogistic method, as it was termed, were enforced, could not be denied. It was in everybody's

mouth. Every town of any size supplied its illustration of the unpalatable fact that, without bleeding, without mercury, and without purgatives, croup, pneumonia, pleurisy, peritonitis, and other acute diseases, had yielded, and their victims had recovered health, aye, and that rapidly. The medicines used were infinitesimal in quantity, and, *therefore*, inert! The medical critics had never used such small doses. To produce the effects they endeavoured to secure, they had ever given medicines in considerable quantities, *therefore* any quantities less considerable, on whatever principle prescribed, could not be effective! Hence homœopathy was set aside by those who knew nothing of it, as totally unconnected with the results that were ascribed to it by those who did know something about it. The results themselves could not be so easily disposed of. How was it that they occurred? All the visible and palpable measures used being denied efficacy, it was replied that *Nature*, unassisted, indeed, but uninterrupted in her processes, had been competent to bring about the desired cures.

This conclusion was only less palatable than that which traced the good done by the homœopathist to his therapeutic method. It was less so, however, and that was something. It was resisted for long enough by the surgeon-apothecaries throughout the country, but on the Continent, especially in the Vienna schools, where the progress and results of homœopathy were, through the success and careful records of FLEISCHMANN, particularly marked, where the expectancy of SKODA, and the experiments of DIETL, had considerable influence, the recoveries under homœopathic treatment were traced to the patients having had no drugs given to them, and the inference that drugs were useless, if not worse in the treatment of disease, was widely adopted and earnestly taught.

Upon the hospital physicians of London and Edinburgh, the lessons thus enforced were not lost. Under their influence arose a general scepticism as to the value of medicine at all, and the utterly unsound and unsatisfactory state of therapeutics became the theme of numerous addresses and essays. To amend this undesirable and unpopular condition of medicine, the Clinical Society was formed. The address of its first president, the late SIR THOMAS WATSON, declared therapeutics to be the supreme end of our profession, and this venerable physician expressed, at the same time, his firm conviction in the efficacy of drugs, and alleged it as his reason for desiring more enlightenment as to the best method of using them. The *Practitioner*, too, a journal especially devoted to therapeutics, was established about this time, and gave an *impetus* to the study of therapeutics in a somewhat more exact manner. Presently appeared Dr. SIDNEY RINGER'S *Handbook of Therapeutics*, with a large number of apparently new clinical applications of drugs, set forth in a dogmatic and somewhat novel manner. Nothing could better testify to the thirst of the practitioner of medicine for something fresh in therapeutics than the rapid sale with which this *Handbook* met. The press generally praised, but did not criticise it. Some few exceptions there were, the reviewers, in these instances, significantly asking, Where did Dr. RINGER obtain his knowledge of all these uses of drugs? Well might persons ignorant of homœopathy, and unacquainted with Dr. HUGHES' *Pharmacodynamics*, ask this question! A little knowledge of the former, and some degree of familiarity with the latter, would have enabled them to reply to it with ease. It was perfectly clear to homœopathists whence Dr. RINGER'S information had been derived. Not long after this, a medical man, who had practised homœopathy, according to his lights, for some twenty years, professed to

renounce doing so, and shortly afterwards gave a pledge of his sincerity by publishing a work on Materia Medica, full of the results of his homœopathic experience, without any allusion to their source!

From that time there was, for some years, a revival of confidence in the remedial power of medicines. But it has been much less permanent than many suppose. Some time back a *quondam* admirer of RINGER remarked to a medical friend, "I find that RINGER's tips don't always come off!" The same day our informant saw a hospital physician prescribe for a patient suffering from cystitis, and he began with drop doses *tincturæ lyttæ*; this was good enough, but, as our friend said, "he couldn't let his pen stop there, but went on adding half a dozen other drugs." Here, then, was one reason, why the "tips" did not always come off. Another reason for this occasional mishap consists in the fact that Dr. RINGER's recommendations are nothing but "tips;" or, in more correct phraseology, are at their best only empirically stated hints. They are given without any scientific foundation. There is no apparent reason, so far as Dr. RINGER's communications have gone, why tincture of *lytta* or *cantharides* should be remedial in any case of cystitis, and consequently no means of diagnosing between the one where it will be so and that where it will be useless.

Dr. RINGER has presented the knowledge he has acquired from homœopathic literature in a purely empirical fashion; and empiricism *pur et simple* has but little vitality. Hence it comes that we hear so much now-a-days of palliative treatment, of morphia, and the hypodermic syringe, of chloral, of bromide of potassium, and the like. The medical profession have been very near the truth in therapeutics, but have been studiously prevented from seeing it. Hence the relapse which is taking place, hence it is

that the endeavour to cure disease by drugs, which apparently existed a few years ago, is rapidly degenerating into a mere effort to relieve pain for the time being.

As we have seen, it is to the work accomplished by homœopathists that is due the disuse of the violent measures—miscalled remedies—so long and vainly employed to counteract disease. It is to the same cause that we are indebted for what of improvement occurred in treatment during the revival of faith in drugs as remedies. And it is to the fact that it was neither known nor understood that these new uses of drugs were of any value only in as far as they were homœopathic to individual cases of the diseases in which they were prescribed, that this revival has not become more permanent than it has been. And yet, clear, and, indeed, incontestable as this is, were any medical man to address a letter to the *Lancet*, or any other journal of the same type, explaining the real cause of Dr. RINGER'S "tips" not always coming off, his communication would be hurried into the waste-paper basket or more probably be burned at the moment of its reception lest some one might accidentally get hold of it and become contaminated with homœopathy in consequence! So, too, were any member of a medical society to rise in his place and point out the true reasons why an empirically stated hint of Dr. RINGER'S had not answered the expectations formed of it in an individual instance, he would be hooted down!

The principle of similars as one of drug selection, the small dose, and the single remedy have been inveighed against so long and so persistently, that even when facts wholly and exclusively derived from their practical application are admitted—homœopathy is refused a hearing. We heard of some one, the other day, who paradoxically remarked, regarding homœopathy, "I believe in the medicines,

but I don't believe in the principle." Who, we should like to know, would ever have heard of the medicines—*i.e.*, of the particular applications of certain drugs—but for the principle?

The practice of medicine by homœopathists has exerted an immense influence over the profession, and has led to much improved methods of treating disease. But gratifying as it is to know this, it would be absurd to suppose that we have fulfilled our mission. We have made an excellent beginning, but we have done nothing more. We have, as it were, prepared the land to receive the seed we desire to sow. We have made some feeble efforts to sow the seed, the fruit of which we desire to witness the growth of. Alas! they have been but feeble, and not only so, our attempts have too often been neutralised by the jealousies and selfishness of some who ought to have earnestly striven to sustain them. In these latter days, there would seem to have arisen a degree of apathy in promoting a wide dissemination of the principles of homœopathy, which is not only strangely inconsistent with a proper sense of the importance thereof, but shows, too, how, after practising homœopathy for many years, some have forgotten how much they owe to it. They have become so accustomed to see acute disease yield rapidly and leave no ill effects behind it, that they have lost all remembrance of the protracted illnesses, and tedious convalescences they used to be compelled to witness, ere some kind friend pressed the teachings of HAHNEMANN upon them so forcibly that they felt constrained to test them. Possibly, too, the success of men who have been long in practice is less now than it was in their earlier years. During those early years how carefully each case was studied! How scrupulously were examined the three or four medicines, each presenting a more or less close analogy to the state of the patient to be prescribed for, until the right one was

discovered. Time goes on; patients increase in number; and opportunities for studying individual cases diminish in proportion, until the Materia Medica becomes seldom consulted, and the Repertory more rarely still. It is impossible to practise homœopathy as successfully as it may be practised on these terms. The memory of no man living is equal to it. This neglect of reference to the only sources of knowledge reduces the practice of these men to something but little better than that taught by Dr. RINGER, and its inevitable failures lead to the same result—a dependence upon palliatives. Physicians who believe that when *nux vomica*, for instance, has failed to cure a case of constipation, that, therefore, homœopathy has failed, and accordingly prescribe ENO'S Fruit Salt, or some other purgative compound, cannot have much enthusiasm for it—they have either lost their appreciation for it, or never really understood it.

There is, then, nothing extraordinary that physicians who have not the time, or who have lost the inclination for the study of individual cases, should become more or less indifferent whether the number of real homœopathists increases or not; it is no occasion for surprise that they should look upon the work of homœopathy as well nigh completed when injurious plans of treatment have vanished before it, and a large number of the facts derived from it have been absorbed into general medicine. We cannot wonder that such men should rather dissuade their sons who may be studying medicine from looking into homœopathy than encourage their doing so. Their argument is on this wise: "A great deal of what is valuable in homœopathy is now taught by RINGER. Why should my son deprive himself of some day becoming a Court physician, and, perchance, a baronet, by openly defending homœopathy simply because it is a truth? Far better to

practise homœopathy secretly, however imperfectly, and say nothing about it, and so make friends with 'the mammon of unrighteousness,' than be open and above board. Honesty, it is true, is the best policy in most things, but the history of homœopathy, and my own experience, prove that it is otherwise in medicine. Had I never practised homœopathy what an eminent man I might have been! Shall my son forego the opportunities which I have sacrificed simply for the so-called privilege of testifying to the truth of an indeed invaluable, but professionally maligned and misunderstood therapeutic doctrine? I know that he will not do so much good to any patients he may have, but I am sure he will do much more to himself, and after all that is the chief end of life." Argument of this kind has its root in sheer self-ended worldliness of the most repulsive kind. The chief glory of our profession has ever been the self-sacrifice of its members, their devotion to the sick, regardless of their ease, aye, and of life itself. The tending of the wounded under an enemy's fire, the zeal of medical men during epidemics of cholera, of yellow fever, and of typhus, are frequently cited as illustrations of medical heroism, and most assuredly they are rightly so cited. But there is a heroism in withstanding the taunts and jeers of ignorant and interested men, when defending and promulgating a great truth, the general acceptance of which we all well know would shorten illness and prolong life. It is, in very deed, no easy matter to be a pronounced homœopath. It is quite true that such an one has to endure a great deal of misrepresentation, to submit to be regarded as a somewhat repulsive person, to forego professional association and some public appointments that it would be pleasant, and perchance profitable, to hold. But on the other hand, we have the consciousness that the views we

entertain, and desire to make known to others—those views which are the cause, the sole cause, of the ostracism with which we are visited—form the basis of doctrines which sooner or later must regulate therapeutics throughout the entire profession. If there be any reality in the ancient saw, "*Magna est veritas et prævalebit*," we are certain that it must be so. When this time arrives, the honours will rest with those who have borne the burden and heat of the day, in openly practising and openly teaching homœopathy. The crypto-homœopaths, the trimmers and time-servers, will then take their proper position, and those who knew the truth, but dared not utter it, will receive the contempt they so justly deserve.

We can conceive of nothing more despicable than for a homœopathic physician to dissuade a young man from studying or practising homœopathy, on the ground that his doing so is against his material interests. It is not true, save in a very limited, and indeed problematical sense, in the first place; and it is calling in question his moral courage in the second.

Another illustration of the apathy in promulgating homœopathy which seems to be spreading is seen in the diminished number of dispensaries throughout the country. Some have been closed owing to the increase in the private engagements of those who opened them. The interests of the poor have been sacrificed to those of persons from whom fees may be collected. Others are so because the word "homœopathic" is repulsive to certain individuals who regard themselves as what they are pleased to call "orthodox." A short while back we heard of the opening of a dispensary being opposed by a homœopathic physician on the ground that it was "low." That to have a small building—an ordinary house—as a homœopathic dispensary, while the allopaths of the neighbourhood rejoiced in a

handsome structure as a hospital was "not the sort of thing to do, you know." When we heard the story we were irresistibly reminded that the influence of Mrs. GRUNDY is not confined to social circles at the west end of of town! We contend that while it is the duty of every medical man, with health and strength for the work, to devote some part of his time to the service of his poorer neighbours, it is more than ever incumbent upon the homœopathist to do so. He knows that he is in possession of a therapeutic power which his medical neighbours might have, equally with himself, but ignorantly and stupidly refuse to have. Knowing this, he is bound to give the advantage of this power, not only to those who can remunerate him for dispensing it, but as far as he may be able, to those who cannot. There is nothing lowering to the dignity of a professional man in doing good to the sick, whatever may be the size or appearance of the building in which it is done. Homœopathic dispensaries have been of immense service to the sick poor of this country, and we trust that their number will increase, and that the results obtained at them will, as they ever have done, tend to an increased appreciation of homœopathy by the profession and the public.

The languid, lukewarm interest which has been shown in the efforts which have been made at THE LONDON SCHOOL OF HOMŒOPATHY to teach our therapeutics painfully illustrates the apathy to which we have referred. Of the many medical men and medical students who have attended the lectures given there during the last six years, not half a dozen have done so through the influence of any homœopathic practitioners, with the exception of the late honorary secretary and the lecturers! While, on the other hand, not a few have been urged to refrain from doing so by homœopathists themselves. And this notwithstanding

that the lecturers have ever been kindly and favourably spoken of by all, save the noisy little band of Hahnemannians. Had all who know that homœopathy is true, and desire that others should know the truth of it, exerted themselves as they might have done, the number of students would have been much larger. Some urge, as their excuse for not supporting the School, and indeed for obstructing it, that it is unnecessary; that they did not learn homœopathy at a school, and why, then, should others do so? They might just as feasibly urge that when they were young they did not go from London to Edinburgh in a train, and why therefore will not coaches do equally well for people now? Experience has shown that lectures are useful, not merely by reason of the instruction they convey, but by bringing together men who are interested in the same subject, creating a kind of *esprit de corps*, and by providing, as a lecturer, one whose experience enables him to answer questions, solve difficulties, and assist the inquirer in making clinical investigations amongst his own patients. All this has been done at the London School of Homœopathy, and but for the impediments which have been placed in the way of its progress, much more useful work might have been accomplished than it has been possible to perform.

Notwithstanding the apathy which prevails in regard to the diffusion of a knowledge of homœopathy among the members of the profession, it is but an ill-timed and premature "rest and be thankful" kind of spirit that we have to regret. There is no diminution of faith on the part of experienced homœopathists in the principles they have adopted. On the contrary, there are indications of a desire to cultivate the study of Materia Medica—the foundation of all our success in practice—with greater caution, greater

exactitude, than ever; and not only is there the desire, but more work of this kind is being done now than has been attempted for some years previously. What we desire to draw attention to is the very rare display of that zeal and earnestness in the propagation of our therapeutic principles, in making widely known what homœopathy is, and what are the results of its careful practice, which gave rise to the therapeutic revolution which set in some six or seven-and-thirty years ago, and led up to the general employment of remedies in cases, to their utility in which homœopathy had first directed attention.

We will here briefly notice one or two of the causes of this apathy. There has in the first place been an infinite amount of nonsense talked and written about our "*sectarianism*,"—a word which has effectually scared some from making any inquiry about homœopathy. "Become a homœopath," it is said, "and you at once make yourself a sectary." There must be something terrible about this word "sectary" to permit of its having such an influence as to lead any one, to whom it is applied, to forego the advantages he would possess in having a knowledge of homœopathy, the honour which would pertain to him in taking an active part in the development of the only scientific basis upon which therapeutics can ever securely rest, to lead to the rejection of a method to which all experience points as one pre-eminently conducive to the rapid restoration of health and the prolongation of life. Some minds are so constituted, however, as to be unable to withstand the shafts of ridicule, even though they know that they take their rise in ignorance.

It is needless to say that we are not "sectarians." We are, in practising homœopathy, simply carrying out our graduation or collegiate promise, to do the best we can for our patients. In teaching and illustrating homœopathy, we are but performing the highly important duty of

making known to our professional brethren what we believe to be best for the sick in the way of medicinal treatment. Did we keep this knowledge to ourselves we might justly be branded as quacks! We cannot keep silent because the ordinary channels of communication are closed to us. We cannot refuse the poor the advantages we are well assured that homœopathy possesses, simply because the established hospitals are shut against us. And, although we do not call ourselves homœopathists, we cannot, knowing that we prescribe homœopathically as far as our knowledge enables us to do, deny that we are such. Nay, more, we might well be proud of the "distinctive appellation," for it defines the possession of a knowledge of the only existing scientific therapeutic method. All besides it, in therapeutics, is empiricism, or mere palliation. Whatever in connection with homœopathy has given a colourable pretext for terrifying the weaker intellects, and shocking the susceptible feelings of some of the more emotional amongst us by describing us as sectaries, has been forced upon us by the ignorance of the majority in the profession—an ignorance which has been steadily fostered by the medical Press. It is the majority who are the real sectaries. They refuse to have anything to say to homœopathy. We, on the other hand, never hesitate to employ an antipathic expedient in the few cases which, being irremediable by any known means, are without the limits of homœopathy. We know that homœopathy will furnish us with the best and most certain means of cure, but if our acquaintance with it is too limited to enable us to apply it, there is nothing to prevent our using any other expedient, be it empirical or antipathic. We are not tied or bound by the chains of medico-ethical societies, and forced, thereby, "not to practise" any particular method. We are free; it is our opponents who wear the fetters of sectarianism, and

revenge themselves on their fate by applying the contemptuous epithet to us!

But supposing we were "sectarian," what then? The principles we represent are none the less true, the obligation resting upon us to make them as widely known as possible is in no degree diminished, the honour of occupying the front rank in the army of therapeutists is not one jot lessened thereby!

When we think of the advantages of homœopathy, of the definite manner it affords of supplying a remedial agent, of the innocuous dose in which this must be given, of the ease with which the dose is administered, of the entirely painless character of the medication it directs, of the freedom of all, so far comparatively, healthy tissues from medicinal irritation, and especially of the rapidity with which disease is controlled, the shortness of convalescence, and the relatively small mortality which occurs under homœopathic treatment, how utterly insignificant, how worse than puerile, appear the objections, "it is sectarian," "it is unprofessional to assume a distinctive appellation." That phrase "unprofessional" resembles charity, in so far as "it covereth a multitude of sins;" but in nothing else! What utter twaddle it sometimes stands sponsor for! And yet these are the chief objections urged against studying homœopathy, and against those who are convinced of its truth openly stating that they are so.

Dr. DUDGEON in our January number refers to his recommendation to "*young converts* not to separate themselves from existing medical institutions by assuming the distinctive appellation of 'homœopaths.'" This, we would observe, is a very different matter from dissuading young medical men from entering on the study of homœopathy at all. There is, in point of fact, no reason in the world why anyone—whether a young convert or a veteran adherent,

Dr. DUDGEON himself—should assume a distinctive lation. Neither is there any reason why a young con- should, because he is a convert, leave an existing al institution, unless, indeed, the said existing al institution has a law prohibiting its officers or ers from practising homœopathy. So far as we know, is only one hospital in the country—the Warneford ital at Leamington—which has a law of this kind; this was passed because on the late Mr. JOHN MAN, the senior surgeon of the institution, acknow- ng the truth of homœopathy, his colleagues on the staff that they had no power to turn him out, or to inter- rith the treatment of his patients. Various societies, ver, have laws of this kind. They bear no reference to istinctive appellation," but provide expulsion for, or al of membership to any one practising, or professing actise, homœopathy. The fuss which has been made the so-called "distinctive appellation" is a hollow nce, a mere sham invented to obscure the untenable sition of objecting to a man on the ground of his peutic opinions. The more young converts are con- d with existing medical institutions the better, pro- that they will assert their rights within them, prac- homœopathy in the hospital, and discussing it openly unreservedly in the society. How far what Dr. EON terms the "altered circumstances of the times" dmit of much of this sort of thing may be open to ion; but most assuredly the more we have of it the r.

e promulgation of homœopathy is, however, a practical r, and one of the first importance to the future of ine. The interests of homœopathy are the highest sts of medicine, and the perfection of the art of medi- s a matter of the greatest interest, not only to the

profession, but to the public. Hence mere *doctrinaire* views regarding the spreading of a knowledge of it scarcely admit of discussion; while the fear lest professional propriety should be injured by a *quasi* "sectarianism," or by the frequent use of a distinctive appellation, is really so trivial when compared with the obligations we are under to spread the light in medicine, that it is unworthy of even a passing notice.

When we refer to the promulgation of homœopathy we do so with regard to the profession rather than the public. Those outside the profession are much better, much more extensively informed regarding homœopathy than are its members. The "book and case" have made thousands of families conversant with the advantages of homœopathy in localities where no medical man is to be found practising it. There are, indeed, few towns of any size where the nucleus of a *clientèle* cannot be met with. The sales of medicine chests, containing preparations of no use save when employed homœopathically, and the demand for the works of the late Dr. Ruddock, evidence the widely diffused predilection for homœopathy in every class of society. All that is required is, that there should be an adequate supply of well educated medical men, fully instructed in homœopathy, deeply imbued with a sense of the responsibility of practising it carefully, and of doing so as widely as possible; of men who have a good supply of moral strength; who are not alarmed lest they should be looked down upon as "sectarian;" men who, so far from being ashamed of having "a distinctive appellation" applied to them, feel a pride in being thought worthy of being called "homœopathists." If ever we are to make an impression of any magnitude upon therapeutics it is by means of men of such a stamp as this that we shall do it.

Persons who enter on the practice of medicine simply as

a means of livelihood, those whose devotion is rather to the traditions of the profession than the interests of their patients, or men whose sole desire in life is "position"—in a word, where a thirst for money, a punctilious regard for etiquette, and a lust of power are predominant influences—such men are utterly unfitted to take a part in any reform, and especially in so great a reform as homœopathy, among so inert a body of therapeutists as is the great mass of the profession of medicine.

The problem we have to solve is how the kind of men required for the work we have to do may be obtained; how can we bring such men within reach of hearing of homœopathy. Books, pamphlets, addresses, and essays have been published in large numbers—but, as the weekly medical journals uniformly refuse to advertise them, they are but little known among, and rarely reach those who would be most advantaged by reading them. At the same time much might be done by laymen in lending or giving such pamphlets to their medical friends. The ignorance of medical men of good education regarding homœopathy is something marvellous. No one, unless he had been brought into contact with a number of inquirers, could have any idea of it. We lately met with a highly educated university graduate in medicine, who was quite surprised to find that there was a therapeutic principle in homœopathy! Another told us that he had, in the most perfect good faith, represented to patients that homœopathy could not be true because he knew, and they knew, that the 1,000,000th of a grain of opium would not send persons to sleep—and yet that was what the homœopaths pretended that it would do. Then the prejudice which exists against it is carefully implanted by the teachers at all medical schools during the first year of the *curriculum*, and as carefully fostered ever afterwards.

Some professors and lecturers, however largely they may deal in "tips" derived from homœopathy, never lose an opportunity for misrepresenting or sneering at it, and are rarely able to resist giving utterance to some falsehood or malicious observation regarding medical men practising it. Hence it arises that the graduates of our universities, the members and licentiates of our colleges, enter on practice with utterly erroneous and distorted views regarding homœopathy, and as bitterly prejudiced against it and all who practise it, as it is possible for men to be made to be.

Consequently, the difficulties of inducing medical men even to inquire are great, and when they do so the absurd views they have imbibed have been so earnestly impressed upon them that it is not easy for them to discern the truth.

Instead, however, of creating within us a feeling of despair, such difficulties should stimulate us to exertions proportionately great.

Our HOSPITAL must be made more available for teaching homœopathy than it ever has been yet. Valuable as has been much of the work done there, no means hitherto adopted of extending a knowledge of homœopathy, and even of developing it, has had much less influence than the Hospital has had. As widely as the press will convey the information, it should be made known that at this institution homœopathy may be studied under the guidance of experienced teachers.

THE LONDON SCHOOL OF HOMŒOPATHY, which has been worked for the last six years with a variable amount of success, has been effectual in directing the attention of between twenty and thirty medical men and students of medicine to homœopathy, and in instructing them in the mode of studying its principles and practising its method. As we have already noticed, that it has not been of greater utility in promoting a wider knowledge of our system is chiefly due to the impediments which have been placed in

the way of its advance by some homœopathists. Where there is little or no desire to increase the number of homœopathic practitioners, where the idea prevails that there is now sufficient homœopathy taught at the medical schools for "all practical purposes," as it is termed, where personal ease and self-interest are regarded as of higher moment than the advancement of medicine and the attainment of the greatest success in the practice thereof, a School of Homœopathy, or, indeed, any public teaching of our Materia Medica and mode of practice, will necessarily be resented and opposed. But, at the same time, where such forces as these are not operative, a School of Homœopathy will be fostered and encouraged. Were medical men to use their influence in urging upon their professional friends and neighbours the advantage, and, indeed, the duty of carefully investigating homœopathy, and in introducing the School to their notice, it would become a powerful lever in bringing about the regeneration of therapeutics. Until our homœopathic colleagues are once more alive to the duty of propagating a knowledge of homœopathy, and so long as the School has to depend exclusively upon public advertisements for making its operations known, its opportunities of usefulness must inevitably be restricted.

At a meeting of those who have hitherto supported it, more or less, which will be held in a few days, plans will be submitted for placing the institution on a firmer, and it is hoped, an enduring basis. We trust that there will be a large attendance, and that whatever scheme may be finally resolved on, it may be one that will secure the appropriation of the funds exclusively to the objects for which they were subscribed, and result in the continuance of the operations of the School in an earnest and, indeed, enthusiastic manner.

Again, as we have already hinted, much good may yet be done in attracting the attention of medical men to homœopathy by the establishment of dispensaries, especially in towns where hospitals and dispensaries in connection with the old school already exist. It is impossible that by

carefully practising homœopathy at such institutions, by relieving chronic diseases that have resisted the best attentions of the medical officers of the older institutions, and by distinctly pointing out such results in the annual reports, some impression should not, in time, be made upon the medical men of the neighbourhood.

The formation of a fully equipped diploma-giving and legally-qualifying medical school, after the pattern of our American brethren, was the favourite device for increasing the number of homœopathically practising medical men of our enthusiastic colleague, the late Dr. Bayes. Independently of the many objections which might easily be adduced to such a plan as this, it is sufficient to say, that it is, in England, impracticable, and, indeed, impossible. To dwell upon anything of the kind is a sheer waste of time. We must earnestly use the means we have, and not dissipate our energies in striving after what is, to all who know anything of the laws and institutions of our country, obviously unattainable.

By bringing a knowledge of homœopathy before our medical brethren through the press; by rendering our hospital more useful as an educational institution, by sustaining and earnestly developing the public teaching of homœopathy, and by bringing the practice of homœopathy to bear widely upon the treatment of acute and chronic disease among the poor, and at the same time making the results as widely known as possible, we shall be, we think, doing as much as it may be in our power to do at the moment. But what is done in either direction must be done *earnestly*. We must be filled with a sense of responsibility; must shake ourselves loose from the trammels of professional traditions whenever these are inconsistent with spreading a knowledge of homœopathy; must regard our position as not that of mere practitioners, but as the propagators of "the only scientific therapeutics." Aroused from the apathy which professional success has engendered; taking a healthy view of our duty to our profession as well as to our patients, and being braced up to some degree of self-abnegation, we shall ere long be able to make a most important impression upon no small section of medical men. The power to do so is in our own hands—are we prepared to exercise it?

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

What they mean, and their treatment according to homœopathic principles.

By Dr. Med. Bernhard Hirschell, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

Fourth Section.

Contraction of the Stomach.

Contractions of the stomach, either in its whole circumference through atrophy, hypertrophy of the walls, cicatrices of ulcers, schirrus; or partial, as constrictions in the middle through cicatrices, as stenosis of the cardia or the pylorus, may call forth, through offering impediments to the passage of food, many kinds of pain and disturbances of digestion, the coming of which at certain times, when the cardia is affected immediately after food, in the case of the pylorus at the end of digestion, gives a means of diagnosis. Generally there are cicatrices, hypertrophy of the walls, swelling of the muscular coat from inflammatory processes, new formations, most frequently schirrus in its causes and after effects, enlargement of the volume of the stomach, vomiting, pains, costiveness, emaciation. The treatment of these secondary symptoms, if we do not succeed in removing the causes, must generally be only symptomatic, and the diagnosis must be directed to the primary diseases, not to the gastrodynia.

Dilatation of the Stomach.

Dilatation of the stomach can likewise call up dyspepsia, pains of different kinds, vomiting, eructations, signs of catarrh of the stomach, costiveness, troubles of breathing, which may favour the supposition of neurosis. But the extension of the full tympanitic tone of the stomach when empty, metallic gurgling on percussion when fluids are present, the arched distension of the stomach when standing, the visible peristaltic movement of the stomach, frequently the manifest delineation of the great curvature

on the abdominal walls, pulsation of the great coronary artery of the stomach, gurgling on pressure and movement, belching, subsidence of the swellings after flatulence or eructation, alternation of the tympanitic or dull tone, according to fulness or position, capacity of taking in great quantities of food or drink, and their long retention in the stomach, asthmatic sufferings and palpitation, especially on lying on the back and after meals, lessened on standing or walking—in addition to the consideration of the constituticnal relations, plethora, catarrh; of the habits, excessive eating, copious drinking, sedentary mode of life; of the causes, contraction of the pylorus, of the duodenum, or the lower parts of the intestines, pullings of the stomach through the omentum by adhesions at remote places, preceding sicknesses from typhus, cholera;—will put us here on the right track, and the painfulness, which besides generally depends on the accompanying circumstances of catarrh, of chronic gastritis, of closing of the pylorus, must be noted as secondary, and thus to fix the treatment rarely on an ætiologic, generally on a symptomatic and dietetic basis. The circumscribed diverticular enlargements which form about foreign bodies, which have stuck in the passage, about cicatrices, adhesions, especially of the omentum rarely excite pain, and are quite inaccessible for the purposes of diagnosis and treatment.

Cracks.

We might say as much of cracks of the stomach, which may arise from large cicatrices, schirrus, pressure from without, tearing, and may be called out by dilatation of the œsophageal portion of the stomach, also by derangement of the digestion, with pain and vomiting. At least the diagnosis is uncertain, and the treatment only palliative.

Dislocations of the Stomach.

Incontestably a number of cardialgic troubles, and, indeed, of the most obstinate character, occur in consequence of dislocation of the stomach, which, however, are easier to find in books and in the dead body than in the living. The following circumstances give support to a diagnosis, viz.: a great deposit of schirrous masses, enormous expansion of the stomach, curvature of the spine and thorax, distension of the intestinal canal,

enlargement of the spleen and liver, abundant peritoneal exudations, emphysema of the lungs by pressing down the diaphragm, aneurism of abdominal aorta; but adhesion of cicatrices after ulcers with the neighbouring parts, abnormal omental incarceration of the uterus or hernial sac; sinking down of the transverse colon, diseases of the pancreas, of the posterior peritoneal glands, several abdominal tumours, fissures in the diaphragm and in the abdominal walls, hernia of the stomach; to discover these causes of dislocation, or even the dislocation itself, will rarely fall to the lot of mortals. Then the signs, in themselves dubious—arching out of abnormal places, sinking in at the normal region of the stomach, filling out and gurgling of unusual places after drinking, and the corresponding phenomena of percussion, are only to be observed in considerable disturbances. And here, also, only after the exclusion of the other organic causes can we with probability conclude upon the conditional causes of pain in the stomach, according to which the treatment must be directed, the limits of which are, of course, narrowly drawn.

Diseases of the Duodenum.

Of the intestinal diseases, those especially of the duodenum present the greatest difficulties for diagnosis, for they generally induce secondary troubles in the stomach, or are dependent on them. At any rate they induce pains in the stomach, the relation of which to intestinal troubles is not so easy to detect. The pain of duodenitis, which occurs here in its chronic form only, of schirrus of the duodenum, of ulcers and in abnormal position and width of the intestinal tract is generally rather in the right hypochondrium than in the middle; the pains present themselves not till the third up to the sixth hour after a meal, diarrhœa is frequent, even amounting to cholera, and the vomiting is painful. Icterus also is not unfrequently an accompanying appearance. In cancer and ulceration the malady spreads further from the stomach, on which account diagnosis and treatment coincide with those there pointed out. In constriction, dilatation of the other bowels is the consequence. The pulling of the duodenum through adhesions may also produce cardialgic troubles, but is very difficult of detection during life.

Diseases of the Jejunum and Ileum.

As intestinal catarrh generally coincides with catarrh of the stomach, what has been said on that occasion of the connection with gastrodynia and the diagnosis, is also valid about it. Sympathetic pains of the stomach can be induced by cancer of the small intestines, which, however, is rarely isolated, and not to be distinguished during life, more frequently in ulceration of the small bowels. In the last case the peculiar abdominal pain, the diarrhœa with its admixture of blood, pus, epithelial shreds, alternating with constipation, frequently observing fixed hours, and the progressive emaciation and other troubles of the body up to dropsy gives the explanation. In consequence of their tubularity and position the small intestines are particularly liable to changes in position and form, and these linkings, interlacements, axillary twistings, adhesions, internal incarcerations, cracks, constriction and dilatation, when they do not disturb the passage of their contents and occasion no interruptions in the circulation which may be of the first consequence remain latent, in other cases they occasion the same sympathetic troubles in the stomach as in other irregularities. If the fixing of these relations in diagnosis is an art, then the recognition of the sort of deviation belongs to the most difficult problems.

The disturbances in excretion, vomiting, peculiar, often-recurring colic, or dull pains in the affected parts, the accompanying catarrh, dyspnœa, hiccough, jaundice, inflammatory abdominal attacks in a severe degree, &c., &c., present distinctions from cardialgia, which has its seat in the stomach. Volvulus is also, through the acute appearance of the most violent abdominal symptoms, which soon are succeeded by general states, sufficiently distinguished. Herniæ, if they are not kept back, may easily call forth sympathetic pain in the stomach, which disappears as soon as the rupture is reduced and kept in its place. Incarcerated hernia passes too rapidly from the nervous to the inflammatory state, to admit of taking one for the other.

Diseases of the Cœcum and Rectum.

The sympathetic action of chronic typhlitis upon the stomach, of cancer, and of changes in the cœcal diameter which may express themselves in the form of neuralgic appearances, with pain, vomiting, constipation, like gastro-

dynia; may call up pains in the stomach in a chronic-remittent way, just as affections of the rectum, particularly proctalgia, chronic proctitis, hæmorrhoids, carcinoma, and ulcera recti, constriction, dilatation, prolapsus and fistula do. Through these stomach pains the protopathic affections coming to the front may be diagnosticated as secondary and so treated.

Diseases of the Colon.

Even more than the above-named states are the diseases of the colon exposed to being confounded with gastrodynia, through its position. The pains, which easily shift, are aggravated or remit, vomiting, distension of the region of the stomach, concomitant catarrh of the stomach, with thirst and coated tongue, pinching, feeling of constriction even to the œsophagus, abdominal pulsation, occur as well in enteralgia as in colitis, cancer of the colon, depressing ruptures, intersusception, contraction, and dilatations of the large intestines by fæces and air. But partly the precise character of the pains, which are abdominal pains, especially of a cutting, twisting, shooting kind, are felt as such by the patient, and are only sometimes confounded with stomach pains, the abdominal distension, the obstinate constipation, or the diarrhœa with blood, pus, false membranes, alternating with constipation, vomiting of bile, fæces, tympanitic tone of percussion, or dull over the region of the colon, in the severer forms fever, will soon place your suspicions of gastrodynia, even as a complication, in the background, and bring out the dependent character of this symptom. A confusion with tuberculosis of the intestine and the mesenteric glands, is not to be thought of if any degree of attention is exercised.

Disease of the Pancreas.

Difficult as the diagnosis of pancreatic disease is in general, it is equally difficult to distinguish this from gastrodynia. The position of the pancreas behind the stomach, its bordering on the spleen and intestine, and the uncertainty of the symptoms of pancreatic diseases in themselves, support this assertion. It is certain that many a disease treated as gastralgia is referable to this organ, and the gland in question is probably more frequently diseased than people imagine. Besides the diagnosis cannot be fixed with certainty either upon the place or the

kind of disease, for an extension of the morbid process from the neighbouring organs can be conceived, and because especially the pretended appearances, seeming to suit the pancreatic affections—as pain deep at the vertebræ, rarely increased on pressure, feeling of weight on turning and rising up, morbid hunger or diminished appetite, clean tongue, heartburn, no thirst, evacuation of spittly, slimy, sour, bitter, acrid fluid, by regurgitation or easy vomiting, constipation, rarely diarrhœa, emaciation, literally suit stomach troubles, especially cramp of the stomach. I treated, more than twenty years ago, a lady, who vomited on the slightest indigestion great masses of saliva, and suffered on slight occasions all the above mentioned troubles in their totality, then very quickly lost flesh, and yet I could not lay the blame on the pancreas with certainty. A practitioner even of the greatest experience, in the presence of the most evident swelling in the region of the pancreas obliquely across the abdomen, above the umbilicus, cannot exclude the suspicion that these symptoms might proceed from the stomach, the omentum, the peritoneal glands in the back, the intestine, the liver. The assumed accompaniments—jaundice, cerebral appearances, as restlessness, sleeplessness, fainting, delirium, are too vague, and rest on too slight grounds to strengthen the diagnosis. In this insecurity of diagnosis it is a comfort for the practitioner that he has the objective symptoms to rely on for the choice of the medicine, without having to draw dangerous or precarious conclusions.

Diseases of the Liver.

The diseases of the liver are more clearly marked. Its morbid conditions pass on to the stomach, and even while merely passing on may be held to be affections of the latter. This depends on the participation which the liver takes in digestion, such as the preparation of the bile, saponifying of the fat, the forwarding and neutralisation of the pulp of the food, the formation of sugar, on a community of nerves, the sympathetic and vagus, on the anatomical unity of the mucous membrane, which lines the gall bladder and gall ducts and passages, and thus goes to the transfer of mucous diseases. The position of the liver gives some support to this, since the left lobe covers the region of the pylorus, and in abnormal circumstances reaches as far as the spleen, so that it is possible to

ınd them; the liver can only be reached by the touch, it is pressed downwards by pleural or pulmonary ies, or by a great increase in size, so that it projects the ribs. Percussion also must be used with ın, for from above the sonorous tone of the lung, below on the left the tympanitic tone of the stomach ıtestines may there be perceived through the liver, consequently its circumference cannot be exactly ained. After, however, conceding that some patho- l conditions of the liver, however firmly laid down ıntially by the recent pathology, are yet difficult to ferentiated in life, yet liver diseases, as such, have so ıined a type and such common characteristics, that an only figure as diseases of the stomach for a time, ut themselves forward as extensions or complications iver affections.

› cardialgic troubles, which excite liver diseases, through the medium of the nerves, irradiations, *e.g.* ›atalgia, gall-stone colic; secondly, by the digestive bances in consequence of the deranged preparation bile, and consequent catarrh of the stomach, *e.g.* in æmia, in chronic hepatitis, fatty liver, hypertrophy, n some measure in a tertiary way; thirdly, through ıechanical pressure of the diseased tissues of the ıpon the stomach, *e.g.* in cancer of the liver, in g liver, induration, &c., &c. In order to refer :ind of stomach trouble to its primitive origin, we :ely on those symptoms which are peculiar to liver es; on inspection, percussion and palpation, which s conclusions on the size, form, consistence of the but only conditionally, and by induction and con- ı from extraneous relations, *e.g.* in hypertrophy, ar degeneration, cirrhosis, induration, nutmeg liver, , echinocoreus in deviations of the secretion of bile, is revealed by the evacuations in vomiting and the ion of fæces, and discovers either excess or want of *g.* in polycholy, in retention through gall-stones; in on of the bile in the blood, and jaundice arising liver-spots, bitter taste in the mouth, bilious ›ms of the stomach, urine, saliva, sweat; on the ary disturbances of the circulatory obstructions in er, as chronic stasis, hæmorrhages, catarrh of the s membrane of the intestine, hæmorrhoids, swelling spleen, hydræmia in the deeper seated liver-meta-

morphoses; in the consequences of pressure on the lungs, diaphragm, stomach, small and large intestines, in the last case obstinate costiveness, in the first dyspnœa, and upon the heart, anxiety, palpitation, &c., &c., finally in the sympathetic pains in the shoulder, throat, forehead. The pains of the liver itself are dull and obscure, and may, like the sympathetic, deceive.

While we lay particular stress on the impossibility of arriving at a diagnosis, in certain individual forms of liver diseases, such as the distinction between lardaceous and fatty liver, cirrhosis, nutmeg liver, induration, chronic hepatitis and hypertrophy, maintaining the above-named general elements for the fixing of a liver affection, we shall hardly take as pain in the stomach the following diseases, even in their lower forms, to say nothing of the acute, not belonging to this place—we mean catarrh of the biliary passages, polycholia, granular degeneration, nutmeg liver, lardaceous and fatty liver, induration, schirrus, dilatation and contraction of the bile passages, and among parasites the echinoccus. There remain, however, hepatalgia, gallstone, colic, hyperæmia, and the slighter degrees of hypertrophy exposed perhaps to being mistaken.

Hepatalgia, colica hepatica, the severe pains of which extend from the region of the liver into the epigastrium, and can be confounded with cardialgia, is denied by many moderns, because there have often been found in cases, in which it has been diagnosticated, anatomical derangements of the most different, or merely of the neighbouring organs. Nevertheless its existence is not to be denied, however difficult it may be to divide the sensitive from the organic, the idiopathic from the sympathetic, as in gastralgia. The alternating of such pains with other neuralgias, their origin from rheumatic and gouty causes, their appearance at the time of menstruation,* even the influence of irritating articles of diet, as alcoholic drinks and acids upon the liver, may be taken as evidence for the existence of such neuralgias, which may even then be taken into the account, where jaundice appears, since such secretions occur in other neuralgias. We refer to the water-brashes and salivary flows of gastralgia, the lachrymation of tic douloureux, the flow of urine after fright, &c., &c. I have treated for some time cases of a pronounced neuralgia,

* Compare Henoch a. a. O. S. 216.

which lasted for weeks and intermitted with a decided type in the clearest way without there being a trace of gall-stones or any derangement of the colour of the skin or of the excretions to be perceived. They have been removed immediately by belladonna, after a three weeks vain use of allopathic medication with opium, vichy, and other external and internal medicines of all kinds, and when it returned, after some weeks, and did not yield so rapidly as before to belladonna, with some doses of atropia. Since this they have not occurred. The pains of hepatalgia proceed from the region of the liver, are extremely severe, so that the patient bends himself double, or bends backward when the pain affects the posterior surface, the hands clenched, the face distorted, short breath, palpitation, nausea, vomiting, hiccough, convulsions, fainting, &c., &c., come on; and describe the whole circumference of the liver, even to its posterior part. Any other diagnostic sign than the seat of the pain to distinguish hepatalgia from cardialgia is of no value, since it may have at the same time all the symptoms of the last.

When gall-stones produce jaundice or colourless stools, and connected with them the well-known form of neuralgia, which is called gall-stone colic, the diagnosis is easier, most certain when gall-stones themselves are passed. There are, however, many forms, probably such where only small gall-stones of the size of a pin's head lodge in the biliary ducts, which excite appearances quite similar to those of cramp in the stomach, pains in the hepatic and ventricular region, vomiting, small pulse, cold sweats, dyspnœa, general prostration. In the higher degrees of obstruction, distension of the region of the liver, chilliness, hiccough, asthma, general convulsions, &c., &c., appear. Only the following symptoms can give us the key to the true nature of the evil—*e. g.*, the character of the pains, their obstinacy, their frequent repetition, the feeling of burning, tearing, cutting, screwing, forcing, as well on the anterior as on the posterior surface of the liver, frequently the sudden appearance, and the as sudden remission of the severe suffering, which appears to depend on the passage of the stone into the intestine, of which the patient frequently has an obscure perception, and generally the jaundice and greyish colour of the stools, when these are present.

The symptoms of hyperæmia of the liver are of such an uncertain nature as to give occasion to errors in diagnosis,

inasmuch as derangements of the stomach of the most differing kinds, especially of the neuralgic, are consequences thereof. Neither percussion nor palpation are reliable. The feeling of weight in the region of the liver is too vague an indication. Fever is wanting. Dyspnœa occurs also in pain of stomach. The tone of feeling is likewise depressed in this trouble. We are directed only to the general habit of liver patients, consequently to the plethora abdominalis generally in connection with it, hæmorrhoidal signs, and bilious disturbances, if these are present. It is certain that very many cardialgias have their origin in this hyperæmia. The same holds good of chronic hepatitis, and of simple increase in size, hypertrophy of the liver, which at its commencement presents so few clear appearances, that it is to be discovered often only through conclusions drawn from the above named relations.

ON MEDICINES IN CONSTIPATION.

By Alfred C. Pope, M.D.

Lecturer on Materia Medica at the London School of Homœopathy.

Constipation, or inactivity of the lower bowel, is a symptom commonly present in various forms of disease. When it is so, it must be considered when prescribing, together with the other symptoms which collectively form the expression of the entire morbid process at work. Thus, it is usually present during acute disease, during fevers of a sthenic type, and not infrequently does it constitute one element of many chronic disorders. In all these cases it is not an individual symptom, however important it may appear, that must direct the choice of the medicine, but the *totality* of the symptoms. It is the entire disease that we must endeavour to cure, not merely one phase of it.

At the same time, constipation does in some instances arise from causes which it is not easy to discover. It occurs in cases where it is difficult to detect anything wrong, save that the bowels act irregularly or with difficulty; cases where this irregularity or difficulty represents the only complaint the patient has to make, the only departure from health of which he is aware. In the majority of such cases the constipation has been induced by sedentary habits, a want of sufficient exercise, the more or less frequent use of aperients, and by neglect to respond to the ordinary calls of nature.

In these instances the lower bowel has, either from undue excitement or want of use, from an overloaded state of it having been permitted to continue, become torpid, the muscular structure has lost more or less of its contractile power. Such cases very frequently come under the notice of the homœopathic physician. When thoroughly established this lost power is often difficult to restore. Patients of this type have usually been to numerous physicians, with the only result of having the aperient mixture and pill varied, and the changes rung on the numerous mineral waters which are advertised for sale. In no case can cure be looked for from the use of drugs of this class. They, one and all, increase the weakness of the intestine. The relief they give is by the production of diarrhœa, not by the cure of the condition constituting the morbid process giving rise to constipation.

In few forms of disorder has homœopathic treatment shown better results than it has in cases of this kind; and yet we occasionally meet with medical men who, instead of carefully examining the pathogenesies of the medicines calculated to cure them, fall back upon a mineral water or some mild aperient. Such practice is to be deprecated. It is slovenly, to say the least of it, and it does not give the patient the advantage he has a right to expect when he consults a physician who is presumed to practise homœopathically.

I propose, therefore, to review, as briefly as I can, the action of some of the more generally useful medicines in cases of constipation resulting from chronic inactivity of the lower bowel, and to point out the indications for their selection.

Of such medicines the most important are *nux vomica, sulphur, bryonia, lycopodium, plumbum, alumina, opium and collinsonia.*

Nux Vomica is so frequently indicated as a remedy in cases of which constipation is a prominent symptom, and the success which has followed its use in this very common form of disordered health has been so great, that to give it in constipation has become almost a matter of course. It is not, however, a remedy in all cases, and this routine method of prescribing it must tend to discredit its power in any case.

It is in the constipation which forms a part of the nervous hypochondriacal dyspeptic, and in such as is

associated with portal congestion, that *nux vomica* is so useful.

In the former cases we meet with mental irritability and depression; headache—the pain, aching and bursting in character, pervading the whole head; vertigo, with some confusion; worse in the morning and increased by stooping. The heaviness in the head is increased by eating. The mouth is dry, the sticky saliva clinging to the palate. Taste is sour or bitter; the tongue is dry, white or brownish furred posteriorly, red anteriorly and on the edges. Appetite there is none, but eructations of sour and bitter fluid are common. There is often some epigastric tenderness, especially after a meal; and subsequently abdominal flatulence.

When portal congestion is associated with the constipation, we find a heavily aching head, chiefly in the morning, low spirits, a tongue dry and brownish furred, loss of appetite, a heavy aching throughout the abdominal region, especially marked on the right side, burning and sticking pains in the rectum, with small hæmorrhoids.

In both instances there is a desire for stool, but at the same time an inability to evacuate the bowels. In the latter this is attended with some degree of forcing, of pressive pain preceding and of soreness following a stool, which is hard, dry and expelled with difficulty.

The condition of the intestine produced by *nux vomica*, which gives rise to constipation, is not one of simple inertia, but of irregularity in the peristaltic movements. This irregularity may be, and very generally is, occasioned by ordinary indigestion.

In the constipation associated with dyspepsia, entailed by a debauch, portal congestion is generally more or less present, and in such *nux vomica* is very frequently one of the most satisfactory medicines that can be prescribed.

Sulphur is a second medicine eminently useful in cases of chronic constipation. The general or constitutional action of this drug is to produce, slowly but surely, a condition of passive congestion in most of the structures of the body. It is such a condition as this that lies at the bottom of, and so far explains, the multifarious phenomena in the form of symptoms to which it gives rise. It is to this that is due its great value as a remedy in many forms of disease; and to this kind of influence is traceable its often noticed power of rendering patients more completely

susceptible to the action of medicines which are, apparently, more completely homœopathic to the totality of the symptoms present.

The constipation caused by *sulphur* is characterised by delayed and insufficient stools. It is attended by burning pain in the rectum, and often the passing of blood. The fæces are hard and lumpy, and extruded with difficulty. The action of this drug upon the portal system is very well marked, and piles are, more or less, generally the result of over dosing with it.

In chronic constipation, when attended with piles—constipation which has been gradually increasing for a considerable period—especially when met with in persons of a phlegmatic constitution, *sulphur* is a medicine of great remedial power. So also is it in cases where constipation, if not originally engendered, has been confirmed by the habit of stimulating the bowels to act by the frequent use of aperient pills.

As a matter of clinical experience, it has been observed by a large number of medical men, that in many cases of chronic constipation attended by hepatic congestion and hæmorrhoids, the alternation of *nux vomica* with *sulphur* is more effective than is either medicine given alone. Many, very many, are those who owe their freedom from the necessity to take the almost daily compound rhubarb pill to a few doses of *nux* and *sulphur*, and this too in the 30th dilution. This is a result which has too often occurred to admit of any doubt of its being a fact—a true *propter hoc*.

Dr. Dyce Brown has observed also that patients, who, while under treatment for some acute disease, are constipated from the want of their accustomed pill, often find complete relief, and not unfrequently cure, from a single pilule of *sulphur* ϕ given at bed-time—the medicines needed by the acute disorder being taken during the day.

There are, indeed, few cases of thoroughly chronic constipation which will not be benefited at the commencement of their treatment by *sulphur*, and that in a high dilution.

Bryonia is a medicine which is chiefly indicated in cases of constipation dependent upon indigestion, associated with an inactive state of the liver. In such we find the tongue dry and thickly coated white; the mouth and lips are dry; there is not much thirst, but a bitter, flat, nauseous taste, with frequent empty eructations; the stomach is distended, and sensitive to pressure; there is also

a sense of a stone lying in the epigastrium, which is very characteristic of the *bryonia* dyspepsia. With these gastric symptoms we often find an occipital or frontal headache, stitch-like pains in the region of the liver, and a heavy, listless disposition.

The constipation which attends such a dyspepsia as this is one where both intestinal secretion and peristaltic action are diminished, and where, as a consequence, there is no desire for stool, it is omitted without any special sense of inconvenience. When an effort to procure an evacuation is made, it is difficult, attended with straining, and the fæces passed are large, hard, and dry. There is none of the ineffectual desire for stool of *nux vomica*—none of the hæmorrhoidal disturbance of it and *sulphur*—but simply intestinal inactivity arising from perversion of the gastric and hepatic functions.

Lycopodium is frequently indicated and very useful in many cases of chronic constipation. The patients in whom it is so are persons who have suffered, for a considerable time, from the consequences of depraved and imperfect nutrition. They present a more or less withered and cachectic expression. The complexion is grayish and sallow. The tongue is large and coated; the taste is sweetish in some, in others saltish or bitter; the appetite is greatly impaired; often there is nausea attended by faintness after food; after dinner especially the face often flushes; there is an irresistible sense of drowsiness and exhaustion; frequently more or less hot eructations; great flatulence, the abdomen becoming distended, giving a most uncomfortable sense of fulness, even after a small meal. The bowels are quite inactive, there is no desire for stool, but a constantly and painfully increasing feeling of being loaded. When a movement is obtained, the fæces are hard, scanty, and passed with difficulty.

The following case, which was recently under my observation, is a very fair illustration of the kind of patient and the sort of constipation in which *lycopodium* is so useful. It is interesting, also, from the length of time during which the disorder had persisted, the rapidity with which it yielded to medicinal influence, and the permanence of the recovery.

A married lady, 50 years of age, of spare figure, active, nervous, and anxious expression of countenance, consulted me on the 31st January, 1882, on account of long continued

constipation. She had a somewhat careworn look, and of a nervo-bilious temperament; has had a great deal of anxiety, and is full of occupation. Inactivity of the bowel has existed for full 23 years, a condition originating, it is admitted, in neglect to obey the calls of nature. During the whole of this time, with the exception of one period, she has been obliged to take purgative medicine to obtain relief, while without relief life was scarcely tolerable from pain and distress. The period when she was better was when she was under the care of Dr. Galloway, of North Shields, who, with the aid of *nux vomica* and *sulphur*, was able to restore the intestinal power. She, however, went abroad travelling, and again lapsed into neglect, which speedily re-established her loss of power. Since this time the bowels have never been relieved without purgatives; and a well known hospital physician, under whose care she has recently been, has told her that she cannot expect to be "cured," but must rely for relief upon purgatives and aperients, either in the form of pills or of mineral water.

Her present condition is as follows:—The appetite is small, tongue dry, brown and parched; breath very offensive in the morning; stomach distended after a meal, however small, but no sickness; a good deal of flatulent abdominal distension. The bowels never move, except under the influence of purgatives. If the purgative is omitted, there is a sense of great exhaustion, a wearied fatigued feeling, and much drowsiness. Directly she sits down she becomes drowsy. Under the action of a purgative the bowels are moved apparently naturally; there is no real diarrhœa.

Catamenia every three weeks, and during the period she has severe neuralgic pain in her left supra-orbital region, and also in the orbital cavity. The pain extends into the head towards the vertex, and is attended with great mental depression, amounting to melancholia. This neuralgic pain has existed for the last ten years during the period, and she dates its occurrence from what, from her account of it, appears to have been an attack of acute meningitis.

I ordered her to wear a compress at night; to abstain entirely from all purgative medicines and mineral waters; to drink a tumblerful of cold water early in the morning, and also freely during the day; to take plenty of walking exercise, and as medicines I gave her *tinct. opii* 3x *gtt. ij.*, and *tinct. sulph.* 3x. *gtt. ij.*, every six hours alternately.

In case of an attack of neuralgia coming on, I wrote a prescription for *tinct. actææ*, 3x *gtt. ij.*, every two or three hours.

A week later—February 6th—I heard that there had been a very slight natural action of the bowels three or four days ago, but none since. She was wretched and miserable, wearied and drowsy, with very great abdominal distension. I now ordered two grains of the 3rd decimal trituration of *lycopodium* to be taken every three hours.

Her next visit to me was on the 24th of March, when she called to consult me regarding some rheumatic pains in the arms. On enquiring about the state of the bowels, I found that she had taken no purgative since I first saw her. After taking three powders of *lycopodium* the bowels acted naturally and comfortably four days in succession. On becoming a little sluggish again, another powder was taken, and natural action returned. Since then a single powder has always resulted in a restoration of intestinal power, and a healthy action now takes place daily. Her appetite is good, the tongue clean, breath quite inoffensive; no abdominal distension or drowsiness after a meal. Further the catamenia have appeared, and without any neuralgia. She has had no occasion to resort to the *actæa*. Her general appearance is much improved, the expression of countenance being less worn and haggard looking, and her complexion clearer.

She called subsequently, on the 22nd of April, a few days before leaving for abroad, when she stated that the regular action of the bowels had been uninterrupted, the catamenia had been regular, and she had had no recurrence of neuralgia.

That the recovery here was due to the medicine prescribed there can, I think, be no doubt. The wet compress and the free exhibition of cold water had no influence, were disliked and abandoned in a few days, neither were the two medicines taken during the first week of her treatment of any service; but almost immediately upon her taking a few doses of a medicine, the physiological effects of which corresponded closely to the phenomena produced by the morbid state, a healthy action was set up, and continued during a period of ten weeks—a length of time amply sufficient to assure us that she was cured, not merely relieved.

PLUMBUM is called for in a class of cases more rarely met with than those to which the medicines I have already considered are homœopathic. The patient is usually a thin, spare man, melancholy and miserable, with a sallow and earthy-like complexion, a white pasty coated tongue, the sense of taste impaired; appetite absent, but a good deal of thirst; frequent eructations, with occasional vomiting, hiccough, and nausea; the epigastrium is tender; the umbilical region the seat of a characteristic pain, giving a sense of contraction and twisting which is somewhat relieved by pressure, *not*, as is a similar pain, caused by, and consequently indicating *colocynth*, *entirely* relieved by it. Pain of this kind radiates over the entire abdomen. The rectum is the seat of tenesmus. A finger passed within the sphincter is immediately grasped. Constipation is extremely obstinate, resisting the action of purgative drugs; the fæces, when passed, are in the form of small, round, dark balls.

The chief indication for the use of lead in constipation is the constant presence of a spasmodic, or colic-like pain, with abdominal distension. The retention of the fæces appears to arise from a persistent spasm of the muscular structure of the intestine, rather than from actual paralysis.

The following case came under my care at the Manchester Homœopathic Hospital in 1852:—A boy, aged 10 years, had, his mother stated, suffered for four years from extreme abdominal distension, with complete constipation, lasting for six or seven weeks at a time. At the end of one of these periods the bowels were moved largely once or twice, and the swelling abated considerably, gradually returning to its former dimensions as the time lengthened since the last evacuation. On his admission the mother stated that his bowels had not been moved at all for seven weeks. During the four years he had been ill purgatives of every kind, and in the strongest doses consistent with safety, had been ineffectually tried. On examining the abdomen it was found to be four feet in circumference, contrasting strangely with the emaciated appearance of the face and condition of the legs. The swelling was especially marked along the lines of the transverse and descending colon; was extremely resistant to pressure, and tympanitic.

The complexion is pale and earthy-looking; the skin dry and harsh. He is very weak, but complains of no

pain. His appetite was good. Urine was passed in considerable quantity, and pale in colour. To test the effect of a simple purgative, half an ounce of castor oil was given, but had no result. This was followed by drop doses of *nux vomica* 3x every four hours. No change occurring within a few days, *sulphur* ♁ was given night and morning. Five days later he was better, the bowels being moved twice, after eight weeks of constipation. *Plumbum carb.* 1x was now ordered in grain doses, three times a day.

On visiting the hospital in a week he was reported to have had five or six evacuations during the interval. The abdomen now measured two and a half feet in circumference. At the end of the following week he had become more swollen, the bowels not having been moved for four days. The urine had become normal in quantity. *Nux vomica* 3x was now given alternately with the *plumbum* 1x. In a month from this time the abdomen was only two feet in circumference, and he felt much stronger, albeit the bowels had not been moved for three weeks. The same medicines were continued, and he gradually improved in flesh and strength, the intervals of intestinal inactivity diminishing until within three months of his final appearance at the hospital; the constipation was entirely overcome, the bowels acting daily, and the size of the abdomen had become normal. I accidentally met this boy in the streets some months after, and was gratified by hearing that he remained quite well.

This case shows forcibly the uselessness of purgatives in intestinal inactivity, and, so far as it goes, the comparative rapidity with which a homœopathically indicated medicine will remove the evils wrought by disease and its supposed remedies during so long a period as four years. It is much to be regretted that *nux vomica* was alternated with the *plumbum* in this case. It vitiates its value as a therapeutic observation I admit, but, at the same time, I have little doubt that it was to the action of the lead that the recovery was due. What led me to use *nux* at all I cannot at this distance of time recollect, but I well remember that the impression made upon my mind was that *plumbum* was the medicine that cured.

ALUMINA is much more rarely employed now-a-days than it was by the earlier homœopathists, its study having, I believe, been unduly neglected. It has, however, been found useful in the constipation sometimes occurring in infants, for which no very obvious cause can be assigned. The late

hapman and other observers have noticed its use in cases and have expressed their confidence in it. The ng of Hahnemann suggests its employment in where the inactivity is traceable to the rectum. portion of intestine seems as if it were deficient iotor power, not having strength to press out æcal accumulation. The fæces are small and the evacuation is attended with pressure, and a tion of excoriation in the lower bowel. One expe- iter describes one of his symptoms as firm, hard, y stools, with pressure and pain in the anus, and ılt evacuation.

rum is a medicine which will occasionally give excel- esults in a serious class of cases of which constipa- s a feature. There are cases where we often have n to fear that if unrelieved the patients may have a ral apoplexy. They are usually plethoric persons, more or less constant headache of a pressive cha- r, they are more or less drowsy the day through, sleep ly at night, but awake unrefreshed; they complain of eral lassitude and incapacity for work, whether phy- or intellectual; the appetite is poor, the tongue l, the stools are hard, in small pieces, and evacuated difficulty. There is a more or less complete intes- torpor—the bowels are rarely moved, and there is no ıation for stool, no sense of discomfort or distension the absence of the periodical evacuation.

stly, Collinsonia is a drug which gives rise to consti- n associated with pelvic congestion. Hence it is ıted, and will frequently, perhaps more frequently any other medicine, be found useful in cases of con- ion occurring during pregnancy and in connection uterine disease. It is also a valuable medicine where are painful, but here again it is more useful in ın than in men.

her medicines there are of importance in the treatment nstipation, but this paper has already extended to too a length to admit of my discussing them.

ither have I space to refer to the good influence of nism in rousing the torpid bowel to healthy activity. likewise requires consideration when this subject is d with any approach to fulness. Exercise, especially exercise, the use of the cold sitz-bath in the morning,

and an early tumblerful of cold water, are also conducive to that restoration to health which will bring about normal action of the bowels. These important therapeutic measures are, however, generally known, whereas the drug remedies and their indications are less so, and to the consideration of some of the chief of them I have, therefore, limited my remarks.

Tunbridge Wells,
March 14th, 1883.

LONDON HOMŒOPATHIC HOSPITAL. CASES OF TYPHOID FEVER UNDER THE CARE OF DR. J. GALLEY BLACKLEY.

Case V.

Annie L—, aged 22, married, admitted April 8th, 1882.

History: "Three weeks ago she had a shivering fit, and was obliged to stay in bed for a week; has felt more or less out of sorts ever since."

On admission: Complained of severe headache, with pains in all the limbs, and pain and tenderness over the abdomen. On examining *chest* rhonchi and bronchitic sounds were heard all over the front, and slightly behind; heart-sounds normal. *Abdomen* distended and tender on pressure; one or two doubtful-looking spots to be seen. Temp. 102.8. Pulse 100. Tongue coated, but red at tip; face somewhat flushed. Was ordered *Arsen.* 3x gttj. 2 dis horis; milk *ad lib.*; and two ounces of brandy per diem.

April 9th. M. T. 101.6. P. 92, full and soft. Tongue moist; abdomen tympanitic and tender on pressure; slept three hours during night; complains of frontal headache. E. T. 103.

April 10th. M. T. 102.4. P. 116, compressible. Two stools in the night, the first constipated, and the second loose. Several spots of a typhoid character now out on abdomen; was restless but not delirious in the night; retched a good deal. E. T. 104.

April 11th. M. T. 101.6. P. 108. Six stools in night, five of which were loose and light; very severe headache in early part of night. E. T. 103.8.

April 12th. M. T. 103. P. 120. Slept three hours last night, but restless; bowels moved sixteen times in

twenty-four hours; stools very small and pale; tongue yellow-coated and red at tip; headache much less. E. T. 103.8.

April 13th. M. T. 101.6. P. 102. Very restless in early night; slept three hours and a quarter towards morning; stools ten, darker; headache less; tongue more moist; cough at times; bronchitic sounds continue all over chest. ℞ *Ant. T.* 3x grj. 2 dis horis. Pulse tracing taken with Dudgeon's sphygmograph under a pressure of three ounces. E. T. 103.8.

April 14th. M. T. 101. P. 116. R. 48. Slept five hours and a half; cough troublesome; perspired profusely; stools, eight in twenty-four hours, very small; headache much less; tongue brown-coated. E. T. 103.8.

April 15th. M. T. 102. P. 120. R. 48. Slept three hours and a half; cough troublesome; stools, fourteen in twenty-four hours; was very faint in the night. To have an ounce of champagne every hour in place of brandy. E. T. 103.8.

April 16th. M. T. 101.2. P. 124. R. 48. Was very restless till half-past two, after that slept well; cough troublesome; sick once during the night; eleven stools in twenty-four hours; sick once this morning; tongue coated with brown fur, moist; pulse stronger. E. T. 103.6.

April 17th. M. T. 100.8. P. 120. R. 48. Much better night; six hours' quiet sleep; cough easier; perspired a little; twelve stools in twenty-four hours, but very small indeed; tongue still brown and drier this morning; breath offensive; still slight abdominal tenderness; chest dull on percussion posteriorly. ℞ *Phos.* 3x. gttj. tert. hor. E. T. 103.

April 18th. M. T. 99.6. P. 120. R. 48. Slept well; vomited once; cough troublesome at times; nine very small stools; tongue thickly coated, but clearing from the edges. E. T. 102.2.

April 19th. M. T. 99.8. P. 120. R. 48. Slept six hours at night, and very well during day; stools ten, small and somewhat darker; vomited twice in night. E. T. 102.2.

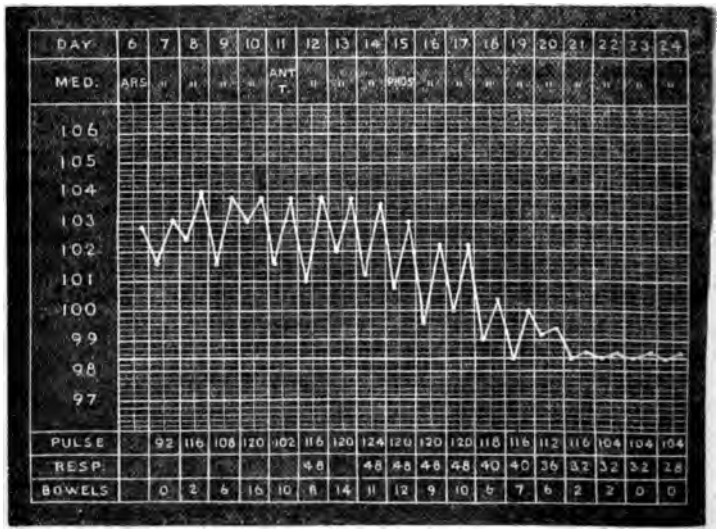
April 20th. M. T. 99. P. 108. R. 40. Slept five hours and a half; six very small stools; no vomiting; cough better. E. T. 100.4.

April 21st. M. T. 98.4. P. 116. R. 40. Slept five hours; cough troublesome; no sickness; stools seven, small; no vomiting; tongue cleaning. Pulse tracing with same pressure as before. E. T. 100.

April 22nd. M. T. 99.2. P. 112. Much better night; had to be woke up to take nourishment; did not cough all night, but cough has been troublesome again this morning. E. T. 99.4.

April 24th. M. T. 98.4. P. 104. Slept very well; only coughed after taking milk; two stools in twenty-four hours, the last formed; tongue cleaning; breath foul. E. T. 98.6.

April 25th. M. T. 98.4. P. 104. Complained of toothache in evening; slept very well; bowels not moved; cough much better; expectoration less. E. T. 98.8.



April 26th. M. T. 98.4. P. 104. Sleeps very quietly; tongue almost clean; expectoration very slight. E. T. 98.6.

April 27th. M. T. 98.4. P. 100. No stool; feels hungry; no abdominal tenderness. E. T. 98.6.

April 28th. M. T. 98.4. P. 104. Bowels opened by enema yesterday. E. T. 98.6.

May 1st. Temp. normal night and morning. Omit all medicine. To have a custard. On the 6th she was allowed chicken, with three ounces of port wine daily.

Remarks: In this case it will be seen that bronchitic symptoms were present after the tenth day (from the supposed commencement of the attack), and slight symptoms of pneumonia on the fifteenth day; these, together with the typhoid symptoms, were treated by *Ant. tart.* and *Phos.* respectively, and the patient made a good recovery. The pulse tracings, although throwing no new light on the subject of typhoid, are interesting as showing the diminished resistance in the arterial walls towards the end of an attack of typhoid. The tracings are, as will be observed, taken a week apart.

Case VI.

John L., aged 24, coachman; admitted May 3rd, 1882.

History: Ten days ago, after standing at an open window, felt cold and shivered, and was obliged to go to bed, suffering from severe headache and slight cough. Remained in bed until April 30th, when he got up, but was obliged to return to bed next day, after an attack of diarrhœa. Since then has had pain and tenderness across the abdomen; pain "all down" his back, and short dry cough without expectoration.

On admission: Chest expands well; *anteriorly* vocal fremitus not increased on either side; percussion note resonant on both sides; breath sounds somewhat harsh; no accompaniments; vocal resonance not increased. *Posteriorly* percussion note resonant; breath sounds clear; no accompaniments.

Abdomen: Somewhat distended; tender on pressure in left iliac region; a few doubtful spots scattered over chest and abdomen; had one profuse watery stool just before admission; tongue yellowish coated, and red at edges and tip; he perspires constantly and profusely, especially about

the head and face. ℞ *Arsen.* 3x gttj. 2 dis. horis; diet, milk *ad lib.* E. T. 104.2.

May 4th. M. T. 102.4. P. 112. R. 32. Slept little; cough very troublesome. E. T. 102.6.

May 5th. M. T. 100. P. 102. Was better during the day yesterday, but complained of pain in the back and of cough being troublesome; did not pass a very good night; slept only one and a half hours, but did not wander at all; complained of headache. Bowels open four times during the last twenty-four hours, the motion semi-formed and not very light in colour, more brown than yellow; tongue moderately coated; the abdomen is distended, and there is tenderness on pressure round umbilicus and over cæcum; Bowels not open since night; slight cough with acid expectoration; the expiratory murmur well marked at both apices. E. T. 103.2.

May 6th. M. T. 101.4. Bases of both lungs dull posteriorly; puerile breathing and squeaking râles. Pulse tracing (with a pressure of 2 oz.) as below. E. T. 103.

May 7th. M. T. 100. P. 100. Slept well; sweated much in night; cough very troublesome; tongue coated; two stools, light yellow; several fresh spots out. E. T. 103.

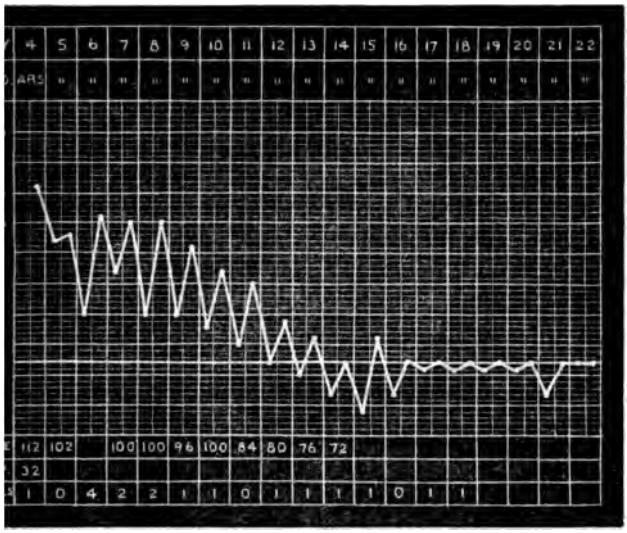
May 8th. M. T. 100. P. 96. One very light and loose motion; slept but little; cough very troublesome in the evening, but better during the night; abdomen full, but not tender; fresh spots; tongue cleaning at edge. E. T. 102.2.

May 9th. M. T. 99.6. P. 100. One large semi-formed stool, colour light brown; slept well, but cough troublesome during early part of night; did not perspire much; tongue very much cleaner. E. T. 101.4.

May 10th. M. T. 98.8. P. 84. Slept all night; seems much better this morning; Tongue cleaner; cough still worries him. E. T. 101.2.

May 11th. M. T. 98.4. P. 80. Slept well; cough better; bases behind clearer; tongue cleaner; several spots on abdomen still; less full, and no tenderness. E. T. 99.8.

ıy 12. M. T. 98. P. 76. stool natural; cough r; slept well. E. T. 99.2.



ıy 17th. T. normal night and morning; had a little ach ache during the night, which passed off when ls were moved this morning; stool natural. Pulse ıg taken with a pressure of $2\frac{1}{2}$ oz.

have 4 oz. of port wine daily and some beef-tea.
ıy 19th. Omit all medicine; to have some well-d rice.
ılse tracing taken with a pressure of $2\frac{1}{2}$ oz.

have fish and chicken on alternate days.

marks.—This case is interesting from the fact that it reated throughout with one medicine, *arsenic*, which

was given steadily for sixteen days, although the evening temperature was normal on the twelfth day after admission (the sixteenth from the commencement of the attack). From the rapid defervescence and the mildness of the bowel symptoms, we should have felt inclined to doubt the correctness of the original diagnosis, had not successive crops of characteristic spots confirmed it.

Case VII.*

John H., aged 24, clerk, admitted Oct. 9th, 1882.

History: Had an attack of gonorrhœa four months ago, and has still a gleety discharge; six days ago severe pains came on in his head across the forehead; he had slight attack of shivering, and feet and hands cold. Next day was sick three or four times, and has been so until yesterday after every meal. Bowels open but constipated. Has had slight pains in abdomen and head, but not in joints or limbs.

On admission: Patient very weak; complains of severe pain in head; tongue red and clean, except a little fur in centre; no pain or tenderness in abdomen; no sickness since yesterday. ℞ *Acon.* 1x gttj. 2 dis. hor. Milk *ad lib.* E. T. 101.4.

Oct. 10. M. T. 100.4. P. 92. Slept well; a little headache; no sickness; bowels moved once; stool formed and dark. E. T. 103.

Oct. 11. M. T. 101.1. P. 92. Severe headache came on during yesterday morning and lasted till the afternoon; slept well last night, and has no headache this morning; tongue very red; he did not feel sick, and there was no abdominal pain; slight tenderness on pressure on hypogastric region; feels very faint on slightest exertion. Medicine changed for *Arsen.* 8x gttj. 2 dis. horis. To have 4 oz. of brandy in twenty-four hours. E. T. 103.

Oct. 12th. M. T. 101. P. 92. Felt faint again yesterday afternoon; no headache; sick once during the afternoon; during the night had an attack of diarrhœa—five stools and one again this morning. The stools during the night yellow and watery. This morning he feels better in himself; no pain anywhere. Slight tenderness about umbilicus on pressure, and gurgling in iliac fossa; one or

* The details of this and the three following cases are from the notes of Mr. F. H. Shaw, late resident medical officer.

two suspicious-looking spots on abdomen; tongue clean. E. T. 102.6.

Oct. 13th. M. T. 100. P. 88. Stools five, all light and loose, but last rather more formed; slept well; tongue red, a little coated in the middle; no pain in abdomen, but slight tenderness; perspires; three or four fresh spots this morning; those seen yesterday are larger. E. T. 103.4.

Oct. 14th. M. T. 102.4. P. 88. Stools eight, much the same in character; slept well; perspired much; was sick about eight o'clock last night; was more drowsy during the afternoon and evening; tongue still red; the abdomen full, not tender; several fresh spots; no splenic enlargement can be detected. E. T. 103.6.

Oct. 20th. M. T. 102.4. P. 92. Stools, five; tongue dry. To have a pint of beef-tea. E. T. 102.

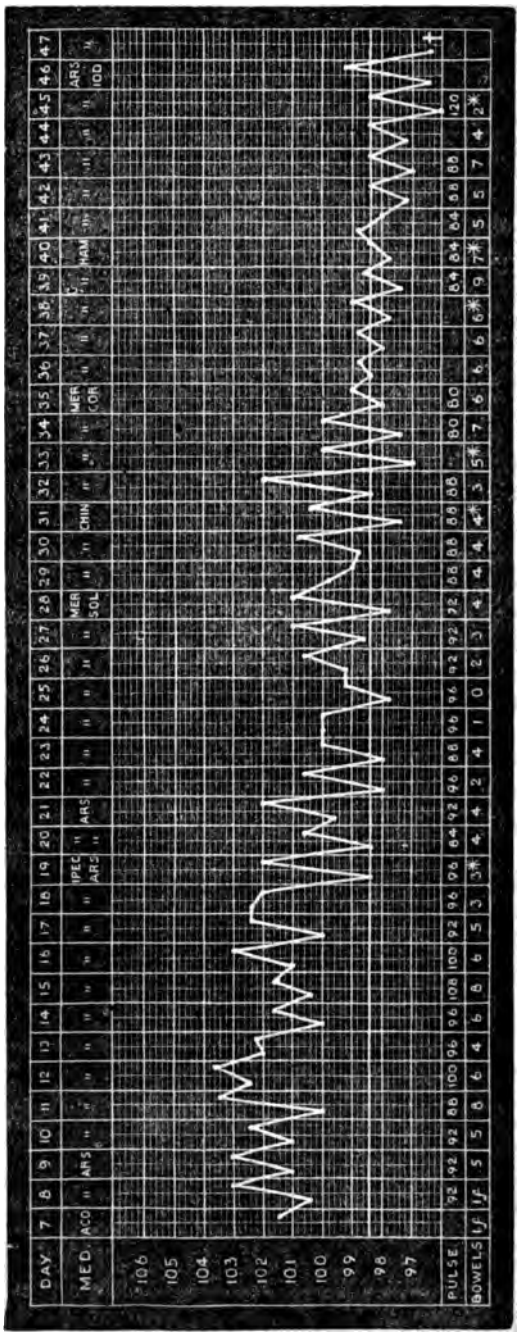
Oct. 21st. M. T. 98.4. P. 96. Stools, three. With the stool last night, which was green, there were a few streaks of bright clotted blood. Another stool during the night, loose, no blood. This morning, early, another loose stool, dark brown in colour, and blood is present (by quaiacum and ozonic ether test). Was sick a little last night; green fluid. He says he feels well this morning. Tongue red, clean, and dry; abdomen flat, soft, and no tenderness on pressure; spots still. ℞ *Ipec.* φ gttj., omni horâ, and koumiss in place of milk and beef-tea.

Oct. 29th. M. T. 98.6. Two stools; once sick; slept very well last night. E. T. 100.6.

Oct. 30th. M. T. 97.8. P. 92. Three stools, consisting of yellowish-green flaky mucous. ℞ *Merc. sol.* 3x grj. 4tis. horis. Milk and mutton broth.

Nov. 2nd. M. T. 97.4. P. 88. Passed one stool yesterday containing a large quantity of blood, and three other loose stools. ℞ *China* φ gtt. v. 4tis horis. Thin custard, and 4 ozs. of port daily.

The further downward progress of the case will be readily understood by a reference to the chart, where successive attacks of hæmorrhage are indicated in the last line by an asterisk. The patient died exhausted on the 18th of November, the 47th day from the commencement of the attack.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Sectio cadaveris (forty-eight hours after death).—Abdominal peritoneum healthy; great omentum injected, especially at lower part, which is adherent to sigmoid flexure of the colon. Mesenteric glands enlarged and semi-transparent.

Duodenum very much congested; valvulæ conniventes thickened. Jejunum the same, bile-stained in places. Ileum congested in patches alternating with normal patches; for a distance of about one foot from the ileo-cæcal valve, Peyer's patches are thickened, and exhibit several shallow ulcers of the size of a split pea evidently cicatrising; no sign of perforation. On the iliac side of ileo-cæcal valve is a larger ulcer of the size of a sixpenny piece. In the cæcum two and a half inches from the valve are two large ulcers of the size of a shilling and a half-crown piece respectively, ulcerated down to the peritoneal coat, but without perforation. From this point were found ulcers of every variety of shape covering the whole extent of the colon as far as the sigmoid flexure. Rectum bound down to pelvis by recent plastic lymph mixed with pus.

Kidney healthy, supra-renal bodies large. Spleen healthy, rather small.

Remarks: This is one of the very few cases I have seen where hæmorrhage to any considerable extent has occurred under homœopathic treatment.

ACIDUM CARBOLICUM.—A PATHOGENESIS.*

Provings.

I. "*Proving.—Carbolic Acid.*" Chicago, 1869.

1. T. Baemeister, M.D., æt 39. Nervous-sanguine temperament. Feb. 7th. Five drops of 1st on sugar caused sense of freedom and expansion in lungs (5 m.); coryza in open air only (20 m.); frontal headache, slight (1 h.); crampy stitch in left groin (2 h.). Feb. 11th. Five drops of 12th caused (very soon) slight heat in left face and forehead, and in 15 m. sense as of fine electric

* In the February number of the *Annals of the British Homœopathic Society* there appear a series of "Pathogeneses of the Acids," designed as a specimen of a revised *Materia Medica*. It being thought that more condensation would be desirable, the above is given as an attempt in that direction, and (by the kind permission of the Editors) appears in the *Review*.

sparks in left ala nasi, sternal end of right clavicle, middle finger of left hand, and vertex in succession. It changed slowly to a pricking itching, with desire to rub, and relief therefrom. After dinner long-continued hiccough, and in evening entire disinclination to study. Two days after, swelling and soreness of left cheek, opposite molars. Throughout and subsequently motions much freer than usual.

2. T. S. Hoyne, M.D. Sanguine-bilious; very susceptible to drugs. Jan. 20th. Took 5 drops of 6th. Slight and transient drawing pains or tingling itchings were felt in various parts; but there was a more persistent burning pain in vertex and right temple, with much flatulence and eructation, and at one time incessant yawning. Bright red blood was blown from the nose in the evening. Jan. 30th. Same dose. The pains and itchings, flatulence, yawnings and headache recurred; there was also constant inclination to cough, and soreness on pressure of left side of larynx. He was feverish at night; and next day his urine was more copious, and had a strong smell. Feb. 4th. Took 5 drops of 3rd. Besides the usual symptoms, he had (15 m.) soreness of throat on empty deglutition, with frequent sharp prickings in it, and (next day) very severe aching pain in right hip, shifting to left shoulder. From 7th to 12th had a vesicle, ending in a pustule, on centre of nose.*

3. Miss G. H., æt 11. Jan. 20th. Took 2 drops of 6th at 4.15 p.m. At 4.20 very dizzy; things seem moving backward and forwards; p. 95. Cannot see across room. 4.30. Nausea; feet feel heavy. 4.40. P. 100; cannot walk straight; drowsy and tired in evening; next morning dull pain in right ankle and left knee.

4. Mrs. T. S. H. Jan. 20. 4.15 p.m. Took 3 drops of 6th. Burning in stomach, forehead and throat in succession; heavy pain from forehead to occiput; things seem to move before eyes. In 1½ h. these symptoms had disappeared, but later nausea came on, and continued till noon next day. On 22nd there was a slight vesicular eruption all over body.

5. J. T. H., æt 21. Feb. 7th. 8.30 p.m. Took 5 drops of 6th. In 5 m. dizziness, headache as in No. 4.

* "During this proving," Dr. Hoyne notes, "an acne, with which I have been troubled more or less for three years, disappeared."

In 10 m. pulse had risen from 66 to 90, and it subsequently fell only to 80. Face flushed and burning; itching in various places, belching, and yawning, were frequent during evening. Had hard headache during night. In morning this continued, and he felt as if a band were round forehead. Woke up in middle of night bathed in perspiration. P. at 9 a.m. 100. By noon symptoms had disappeared. On 10th a vesicular eruption appeared on hands and all over body, itching excessively; rubbing relieves itching, but leaves burning pain. This resisted medication, and did not disappear till 28th.

6. T. C. Duncan, M.D. Nervo-bilious. Jan. 24th. Took 5 drops of 12th at 6 p.m. Felt nothing that evening but some drawing in right splenius capitis. Next morning sore throat and hoarseness as if he had taken cold. This went on to an attack like that of influenza, lasting three days. Nostrils were stuffed rather than running; the muscles generally were very sore, cerebral functions dulled, temper unamiable. Feb. 27th. Inhalation of vapour caused full feeling in frontal lobes of brain, increasing to severe headache; great acuteness of sense of smell, and sensitiveness of eyes to light; slight nausea, with prostration; anorexia; great languor; numbness of skin of hands; symptoms increased in severity for 3 h., when a cup of tea dispersed them. He has repeatedly had this train of symptoms from simply smelling the acid.

7. Mrs. E. J. D. About ½ h. after smelling acid (5 p.m.) complained of severe headache with nausea; sense of smell exceedingly acute; no appetite for next meal. A cup of green tea somewhat relieved headache, but did not reduce the olfactory sensibility. The catamenia, which were present, became more copious, and next morning were still further increased and darker than usual, with headache and great nervous irritability; sense of smell continuing acute. By the evening the symptoms had vanished.

8. S. P. Hedges, M.D. Feb. 5th. Five drops of 6th taken at 11 a.m. caused no symptoms that day, but next morning he awoke with a dull, hot, constricted feeling in head, especially in forehead. This lasted all day, becoming an ache at times, and until late at night. Before rising he had, also, for 5 or 10 m., an acute piercing pain in left supra-orbital ridge; it ceased on rising, but left spot affected sore for more than one day. Feb. 27th. The same dose, taken at 3.15 p.m., brought on next morning

the same headache, but more severe. Pressure relieved, but only at first. Head seemed to swell, and felt hot, as if heat radiated from it. Passed much urine. Next day (as before) felt soreness only. Prover is not subject to headache, and never experienced anything like this.

II. *American Observer*, viii., 148.

E. C. Price, M.D., æt 43. In perfect health. Aug. 14. Took two doses of 5 drops of 3rd without effect. On 17th took 10 drops, on 18th 20 drops, and later 50 drops. Had aching soreness in one or other knee under patella, and some transient pains elsewhere. Passed much water. On 19th took 10 drops of 3x at 9 a.m. and 30 drops at 8 p.m. 20th. Had rheumatic pain in right shoulder-joint nearly all day, and regarded it as an attack of rheumatism in the shoulder, having suffered with several attacks during the last 18 years, but they never lasted less than three or four days, while this passed off suddenly in the evening, like all the carbolic acid pains, which also come suddenly. 21st. Pain for some time inside knee-joint. 23rd. At 8.45 p.m. took 20 drops of 2x. "About 10, severe bruised pain beneath left tendo Achillis, as if struck by a club; in a few minutes it disappeared for a short time, when I had a sharp pain in second joint of left middle finger; this pain was only momentary, when it went back (not less intensely) to the leg again."*

III. *Transactions of New York State Homœopathic Medical Society*, viii., 232.

1. S. Lilienthal, M.D., æt. 52. Temp. sanguine. April 14th, at 1 p.m., took 12 drops of 1x† in teaspoonful of water, and at 4, 12 more of a tincture, 1 to 20. Besides symptoms of local irritation, became sleepy and chilly, with disinclination to mental effort, even reading; and had dull frontal headache, with feeling as if elastic band were drawn tightly across forehead, worse on left side.

On 15th, took, at 7 a.m., same dose as last, and at noon 12 drops of a solution of 1 to 25. In forenoon fulness felt

* The above might, if preferred, be put still more briefly, thus:—"During 10 days, took three doses of 10-50 drops of 3rd, two of 10 and 30 drops of 3x, one of 20 drops of 2x. Had several attacks of pain in joints and muscles, suddenly coming and suddenly going, somewhat severe, but generally transient, though in two instances lasting nearly all day (knee and shoulder)."

† Probably 1x of "tincture" next mentioned.

all over head, with pain in forehead and occiput; there was also a sense of narrowness in the chest, as if the diaphragm oppressed the lungs. Tired sensation in lumbar region, then dull aching there, increased on straightening trunk, and by jolting of driving, which also hurts abdominal parietes. Pain extends down back of thighs. Noon dose increased fulness of head, with which were vertigo, trembling, and tingling of feet; but all symptoms were relieved by a meal at one o'clock, save the frontal headache, and this passed off in the evening. For next two days was irritable, head muddled, with sleepiness, mental and bodily laziness, and easily induced fatigue. On 18th had dull heavy pain in left temple during day. On 19th frontal and lumbar pains recurred; could not fix attention; legs felt heavy as lead. These symptoms, with neuralgic pains in left temple, continued till 22nd; and a burning feeling in stomach, which came on in afternoon of 15th, was felt all the while, though appetite and digestion were good.

May 3rd. During day took three doses of 12 to 30 drops of 1st. Slight local symptoms, and some trace of left temporal neuralgia, were all that occurred. On 4th took 12 drops of 1x, which brought back all the head symptoms, with pronounced heat there; fresh air only relieved, "cooling heated brain." Reading was impossible, letters looking blurred and fading into one another. Symptoms diminished towards evening, though he took 12 drops of 1st at 5 p.m.; but on retiring to bed, after smoking his usual pipe, he felt as if the tobacco had disagreed with him. Next day head and chest were oppressed; thighs felt bruised, and back weak and sore; there was burning at stomach, and weight after food.

May 6th. A fresh dose of 12 drops of 1st renewed symptoms, and proving was discontinued.

2. Mrs. S. A. F., M.D. May 7th. Two doses of 4 to 5 drops of 1st brought on frontal symptoms as with last prover; and another dose next day added frequent micturition. On 10th the same was taken *in dosi refractâ* at intervals; and brought on transient pain (twice) in left ovary, and oppression of chest, with dull pain in upper lobes of lungs. Next day there was a slight pustular eruption on right side of face, great heat of body, and physical exhaustion.

3. Mrs. C. L., M.D. Doses of 1st caused dull frontal and total loss of appetite.*

4. A. W. Took 5 doses in two days, quantity not stated. After first dose symptoms of a severe cold set in, which ran its course, making the medicinal action dubious. The tight frontal headache, however, was very marked on the first day.

IV. *Hahnemannian Monthly*, Dec., 1869.

1. C. H. Haeseler, M.D. On 21st June took two doses, first of 1 drop, second of 5 drops, of pure acid in glycerine and water. Next day took 10 drops, and on 23rd 20 drops. Each dose produced to a greater or less degree the features of acute dyspepsia, with head symptoms like those of III., 1, the sharp, darting neuralgic pains in the midst of the dull aching being very pronounced.

2. X. Y., a friend to whom Dr. H. gave 6 drops as an experiment, had similar symptoms. Headache was felt most over right eye; chest felt oppressed, as after excess in eating; was drowsy and nervous; and subsequently had pain in back and right side.

3. Dr. H.'s daughter, æt. 11. Took 4 drops of the acid. Besides local burning and nausea, it caused severe headache, "as if somebody were jogging a sword in and out all around," much aggravated by noise and light. It lasted till evening of next day, at noon of which she was flurried and feverish, with pulse at 90, and pain in right hypochondrium. On the day yet following she took a teaspoonful of 3x, when same symptoms recurred, headache being fixed over right eye (as in IV. 2); but all passed off after a quiet sleep.

V. *Amer. Journ. of Hom. Mat. Medica*, N.S., i., 354.

J. N. Mitchell, M.D. Three days after application of strong acid to cavity of carious tooth became subject of slight but constant giddiness, followed by a similar dull pressure and pain in back of head and neck. After a week application was renewed daily for 10 days or more, and symptoms then became much worse. There were also added —right supra-orbital neuralgia; constant dark spot before left eye; severe, band-like compression round head (especially felt in temples); sense at vertex as if brain were

* They at the same time relieved temporarily a lumbo-sacral aching from which prover was rarely free. On April 25th a dose of the 30th relieved this pain "like magic," and there was no recurrence of it to May 14th.

swashing about; coldness there in spots on stooping, with clammy sweat; cold sweat on head on least exertion; and tinnitus aurium, though hearing was unimpaired. Mind was unusually clear, but intellectual exertion increased pressure and pain in head, even to numbness. Giddiness was better while walking in open air. He was constantly heavy for sleep, but sleep was dreamful and unrefreshing. He frequently got into an absent-minded state, with starting and trembling on being spoken to. Appetite and digestion were good, and bowels regular, though sluggish. Abdomen always seemed distended with wind, but none could be passed; and there was frequent but ineffectual desire for stool. Sexual organs weakened and relaxed, but nights much haunted with lascivious dreams and emissions.

These symptoms (with great weight on seventh cervical vertebra, which was tender) went on increasing during the use of the acid, but on stopping it, and clearing the cavity, began to diminish in a few hours, and in three days disappeared entirely with some bilious diarrhœa. An incautious renewal of the application some months after caused them to set in again, but they at once disappeared on its removal.

VI. *Publications of Mass. Hom. Society*, iv., 285.

C. A. Norton, M.D., was exposed for 1 h. while writing to vapour of a strong solution. In ½ h. began to feel faint, especially at stomach. In 10 m. more head felt "inflated," the pressure from inside being greatest at temples; shaking head increased feeling. At end of hour faintness was so general that he ceased writing, and on rising found legs almost too weak for standing. The mind teemed with delightful ideas, but on attempting to express them in writing he found his arms too weak to trace a line. On passing to another room lost all consciousness of a body, but head seemed ten times its proper size. On lying down symptoms abated in order of their oncoming. Entering a meal-room shortly after could smell keenly everything there, however distant or stable, and on a subsequent visit to the water-closet was overpowered with the stench, which was nothing uncommon. Lay down and slept 2½ h., tossing about much while unconscious. Head now felt bruised and sore, and there was a deathly faintness at stomach, so that he could hardly get through undressing for bed. Next morning woke with feeling in head as if he had taken a large dose of opium, and with inclination to diarrhœa, which he

found had been indulged involuntarily during night. It came to nothing now; but food seemed to cause nausea. Head and face were extremely sensitive to comb and towel in toilet, and jarring of a carriage in the forenoon was very distressing. On returning from drive bruised, sore feeling began in small of back and extended to hips. There was burning in rectum, and bowels felt as if filled with flatulence. No appetite for food. A tape-like and gluey stool was passed. In evening pain had become concentrated in right thigh; it kept him awake in the night, in morning went to foot, and then passed away. It was three days before sensations in head and abdomen left him.

Dr. N. has twice since experienced similar symptoms from carbolic acid vapour.

VI. N. Rothe (*Die Carbolsäure in der Medicin*, p. 7) took 1 grm. in 20 grms. of water, and perceived sharp but cooling taste similar to that of peppermint-oil, warmth in stomach, temporary fulness in head, eructations, and slight gastric catarrh lasting several days.

Poisonings.

Poisoning by acid shows itself by vomiting (even from external application), vertigo, intoxication, unconsciousness or dyspnœa, death resulting either from coma or pulmonary congestion. The urine is very dark, but has no blood in it. In one case rigors and pyrexia, as in pyæmia, occurred.

REPORTS.

OXFORD HOMŒOPATHIC MEDICAL DISPENSARY.

Dr. Guiness has forwarded us the tenth annual report of this dispensary, and we are pleased to notice the marked improvement in the results as set forth therein. The number of new patients for 1882 was 1,170 as against 892 in 1881, and the total number of attendances 2,740. Between 300 and 400 home visits have been paid, and 47 have been vaccinated. The number of deaths has been 10. A great number of poor patients from the *surrounding towns and villages* have applied for medical relief. There has been an increase in the number and amount of the subscriptions, and the dispensary committee and medical officers are to be congratulated on the satisfactory report they have been enabled to publish.

SCARBOROUGH HOMŒOPATHIC DISPENSARY.

THE report of this dispensary is a brief but very satisfactory one, and gives evidence of the great vitality of homœopathy in the queen of watering places. The work done has been of a steady and satisfactory character, and indicates the esteem in which the dispensary is held by the poor. There have been 7,906 attendances at the dispensary, as compared with 4,153 in 1881; and 2,816 visits have been paid to patients at their own homes, as compared with 1,406 in 1881. There have been 18 deaths, 6 from phthisis, 2 from chronic bronchitis, 2 from infantile bronchitis, 2 from infantile pneumonia (under one year), 3 from cancer, 1 blood poisoning, 1 paralysis, 1 old age. In the balance sheet there is a deficit of £15 19s. 9d. in the year; the deficit on the previous year was £24 0s. 7d.; and considering that there was in that year a balance of £29 to begin with, and a donation of £20, the deficit in the year 1882 indicates very considerable progress. There is also a large increase in the number of subscribers, viz.: 60 instead of 87, realising £81 5s. instead of £42 18s. Furthermore, public collections for the year amount to £8 17s. 10d., instead of £3 14s. 4d.; so that the prospects for the future are very good.

It is pretty evident from this report that the medical officers, Drs. Flint and Middleton, are rapidly increasing the sphere of usefulness of this dispensary, which now ranks as one of the public institutions of the town. We feel sure that there is a successful future before this dispensary.

REPORT OF THE BUCHANAN OPHTHALMIC AND COTTAGE HOSPITAL, ST. LEONARDS-ON-SEA.

ALTHOUGH this is only the second annual report of this institution, it is a record of a very successful year. Few institutions of its age can point to a list of subscribers doubled since last year. The managers have been compelled to turn cases away from their doors for lack of beds, the seven beds having been occupied during the whole year, in which time 72 in-patients have been treated. It was found that had space permitted many patients could have been admitted who would willingly have paid for the advantage of proper hospital attendance and nursing; and it is intended, when the new hospital is erected, to provide suitable accommodation for this class. Visitors to this watering place who are overtaken by sickness, can be removed from the miseries of illness in lodgings and find proper medical attendance and nursing in the hospital.

The report is extremely gratifying, and we only hope the hospital will continue to increase and prosper.

DEVON AND CORNWALL HOMŒOPATHIC DISPENSARY.

We are very pleased to be able to give a *résumé* of the report of this very flourishing dispensary alongside of the account of allopathic mud-slinging in the Plymouth Medical Society. A comparison of the results set forth in this report, with those of the Plymouth Public Dispensary, must be as satisfactory to friends of homœopathy and fair play as it must be galling to those who endeavour to ignore the success of homœopathy, and asperse the professional character of its practitioners.

There has been a marked all-round increase in the number of patients during the past year, amounting to 25 per cent. in the dispensary patients, and to 50 per cent. in the home attendances. The number of patients treated during the year was 1,600.

The stipendiary medical officer, Dr. Cash Reed, has been indefatigable in his care of the poor of the town, having paid no less than 2,440 visits during the year. A large proportion of the patients purchase dispensary tickets for themselves, by this means showing their appreciation of homœopathy.

The present subscriptions and donations do not quite meet the increasing expenditure, but we hope that this difficulty will soon be removed. Success such as is evinced by this report is in itself sufficient answer to the insults of those medical men who shelter themselves behind an invertebrate resolution of a medical society.

NOTABILIA

ALLOPATHIC SLANDER AT PLYMOUTH.

In our last number, when pointing out the reasons why the endeavour to have beds or wards in a hospital, entirely under allopathic management, assigned to homœopathists should be deprecated, we stated that we had "no confidence in the honesty *quoad* homœopathy of the large majority of medical men. We have known," we added, "too many who had proved themselves in every other relation of life, to be men of the highest character, who, whenever the subject of homœopathy was mentioned gave way at once to slander and falsehood of the grossest type, to enable us to do so." The members of the Medical Society at Plymouth have since given us additional evidence of the justice of this opinion. According to the *Lancet* of the 10th ult., the Plymouth Medical Society has recently passed the following resolution. "That this Society strongly condemns the practice of meeting in consultation homœopaths *or other advertising practitioners*, under any conditions whatever." (The italics are ours.) Here is a resolution which, if correctly reported, contains an ingeniously interpolated slander. The members of the

Plymouth Medical Society, if they know anything about homœopathic practitioners, know perfectly well, that homœopathic practitioners are no more prone to advertising than medical men who are ignorant of homœopathy. But such would seem to be their anxiety to throw some mud at men whose views they are unable to controvert, and whose success in the treatment of disease they cannot, save by secretly imitating their practice, hope to emulate, that they put in circulation a statement which is notoriously untrue. The British Homœopathic Society includes nearly one-half of those medical men in this country who openly avow their faith in homœopathy, and its members are not only prohibited from advertising, but rendered liable to expulsion when found adopting this, to any medical man, fatal mode of endeavouring to secure notoriety.

The clue to the adoption of this resolution by the Plymouth Medical Society will probably be found by comparing the reports for last year of the Plymouth Public Dispensary, established in 1798, and the Devon and Cornwall Homœopathic Dispensary, established in 1858, from which we learn, that the former, with a staff numbering six active members, treated 1,568 cases in the course of the year, while the latter, sixty years its junior, and with only two medical officers, treated 2,808!

If, as the proverb goes, nothing succeeds like success, so is it equally true that nothing so provokes the enmity of persons who have committed themselves time after time, committed themselves, too, in utter ignorance of the facts of the case, to the assertion that homœopathy is a delusion and a fraud, as does irrefutable evidence, publicly given, of its success, and its consequent appreciation by the sick poor.

THE LONDON SCHOOL OF HOMŒOPATHY.

The Annual Meeting of the Governors and Subscribers to this Institution will be held on the 10th April, at 3 o'clock, in the Lecture Room, when, as much business of vital interest to the future of the School will be brought under consideration, it is hoped that the attendance will be large and the decisions arrived at conducive to the interests of homœopathy.

The Summer Session will open on Tuesday, May 1st, at 5 o'clock, when Dr. Dyce Brown will re-commence his Lectures on the Practice of Medicine and continue them every Tuesday and Friday at the same hour until the end of July.

On Thursday, the 3rd of May, at 4 o'clock, Dr. Hughes will begin a course of thirteen Lectures on the Principles of Homœopathy, and will continue them on the same day and at the same hour each week, until the close of the session.

THE BAYES MEMORIAL,

The following is the first List of Donations to the Bayes Memorial Fund :—

	£	s.	d.
Abbs, T., Esq. ...	1	1	0
Anderson, Mrs. H. ...	5	0	0
Antrobus, Dowager Lady	5	5	0
Barton, Miss	2	0	0
Baylis, Rev. E. ...	5	5	0
Baylis, Miss	2	2	0
Baynes, Dr. Donald ...	2	2	0
Belcher, Dr. H. ...	2	2	0
Blake, Dr. E. T. ...	2	2	0
Boodle, J., Esq. ...	1	0	0
Borthwick, Sir Algernon	5	5	0
Boughton, H. C., Esq.	5	0	0
Broderick, The Hon. Miss	5	0	0
Brooke, The Misses ...	1	0	0
Brown, Dr. Dyce ...	2	2	0
Buckingham, R., Esq.	1	1	0
Burlingham, Mrs. ...	1	1	0
Burton, H. C., Esq. ...	5	0	0
Buxton, Dowager Lady	2	0	0
Carr, The Misses ...	2	2	0
Cati, A., Esq. ...	1	1	0
Chambre, A. E. Esq.	5	5	0
Clarke, Mrs.	1	0	0
Colkin, Miss	5	0	0
Coope, Mrs.	2	2	0
Cooper, Dr. R. T. ...	10	10	0
Cooper, Mrs. Emily ...	2	2	0
Cusbney, Alexander, Esq.	2	2	0
Dallas, Mrs.	5	5	0
De Bunsen, Ernest, Esq.	5	5	0
De Tabley, The Lord	5	5	0
Dobede, Mrs.... ...	1	1	0
Drury, Dr. W. V. ...	1	1	0
Dudgeon, Dr. R. E. ...	1	1	0
Edgelow, Dr. W. ...	2	2	0
Engall, Dr.	1	0	0
Epps, J., Esq. ...	5	0	0
Epps, J., Esq., jun. ...	2	2	0
Everard, Mrs. ...	1	1	0
Flatman, A., Esq. ...	2	2	0
Frere, Mrs.	1	0	0
Gardner, Mrs. ...	5	0	0
Goldsmid, Miss ...	100	0	0
Gordon, Rev. R. ...	3	3	0
Gregory, Mrs.... ...	1	1	0
Gurney, Mrs.	1	1	0
Hambro, Mrs. ...	5	0	0
Hawkes, Dr.	2	2	0
Hayle, Dr.	1	1	0
Hayle, Dr. T. H. ...	0	10	6
Hermines, Mrs. ...	1	0	0
Hodgkin, Miss . .	3	3	0
Hughes, Dr. R. ...	1	1	0
Jemyns, Miss... ...	3	3	0
Jereams, Miss ...	2	2	0
Kinderley, Mrs. and Miss	1	1	8
Lake, W. R., Esq. ...	21	0	0
Laurie, Edwin H., Esq.	0	10	6
Leath & Woolcott, Messrs.	1	0	0
Mansell, Dr. J. ...	1	1	0
Martin, Charles G., Esq.	1	1	0
Matheson, Dr. D. ...	5	5	0
Meyhoffer, Dr. ...	4	0	0
Milford, Miss E. ...	1	1	0
Morgan, Dr. S. ...	2	2	0
Morgan, Eliza ...	0	5	6
Morgan, Major Vaughan	20	0	0
Nankivell, Dr. H. ...	1	1	0
Newnham, Rev. G. ...	1	1	0
Nicholson, Dr. ...	1	1	0
Osborne, Miss ...	3	0	0
Page, Miss	1	1	0
Pasley, Mrs.	0	10	0
Petrie, J., Esq. ...	1	1	0
Prescott, Rev. G. E....	5	5	0
Pite, A. R. Esq. ...	1	1	0
Rick, Miss	5	0	0
Prinsend, S., Esq. ...	2	2	0
Rose, The Misses ...	2	0	0
Rosher, F., Esq. ...	3	0	0
Rosher, G., Esq. ...	1	1	0
Ross, Major	1	0	0
Sampson, Mrs. ...	1	1	0
Simpson, Miss ...	1	0	0
Smith, Dr. Harmar ...	0	10	6
S. P.	2	2	0
Stephenson, Mrs. ...	1	11	6
Stephenson, Miss ...	1	1	0
Thorold, Lady ...	3	0	0
Trosscar, I. de, Esq....	0	10	0
Tuckey, Dr. Chas. Lloyd	2	2	0
Williams, Dr. A. ...	1	1	0

Donations may be sent to Dr. Belcher (Honorary Secretary), 12, Pavilion Parade, Brighton; to Major Vaughan Morgan (Treasurer), 5, The Boltons, S.W.; to the Union Bank of London, Princes Street, E.C., and Argyll Place, Regent Street, W.; to the Bank of England, Western Branch, Burlington Gardens, W.; or to the Brighton Branch of the London and County Bank.

HOW TO SPREAD HOMŒOPATHY.

To answer this question best, let us each recall our first knowledge of this strangely simple yet effective system of treatment.

The writer remembers away back, many many years ago, that a schoolmate told him that Mr. (our town superintendent of schools,) had just got "a book and case of homœopathic medicines. The case was full of little vials, filled with little white pills, and he was going to treat his own family."

Because he had taken this step our youthful mind was favourably impressed towards this strange plan of treatment. It seemed to our young mind an improvement over the many patent medicines that were lauded to the skies in the half dozen almanacks that we carefully preserved and perused every year. Soon we heard that a "little pill doctor" had come to the village. We gave him a cordial welcome in our heart, for if there was a better way of treating sick people than by "nasty tasting" drugs why not have it. About this time an electic of the botanic order came into our midst. We learned from him of many medicinal plants, and that nature was bountiful in furnishing many remedies for many diseases which we were assured were much better than so much *calomel* as was then given by the "regular physicians." Yes, "regular *calomel* doctors." Our good mother was taken dangerously sick, our botanic friend having moved away, we were posted off for the "little pill" doctor. How seriously did we ponder the momentous question: "should we trust this life to such a man or should we get one of the regular old saddle bags?" She cannot take their nasty medicine, decided the question. We found the old man kind, sympathetic, and very intelligent. He carefully gleaned from us all of the symptoms. Over and over he questioned as to the history of the case, which we knew only too well, for we had been her little nurse. Our mental approval was: "He is determined to understand the case." We can now understand that the object of all this cross examining the chief witness was to get, not only a knowledge of the disease, but as far as he could determine, the remedies that might be needed. Little did he tell us then about the new system, but during the rapid convalescence he explained it so that our youthful mind grasped the salient features. It was not many weeks until the whole neighbourhood understood that homœopathy meant more than "little pills," that the similar remedy for the sick need only be given in a small dose, and that the science was in selecting the proper remedies.

This in brief is doubtless the history of the introduction of homœopathy into every neighbourhood where it has won its benign sway. The little case and book is the herald that goes before, proclaiming liberty to the drug sick world. "What is homœopathy, and what can it do?" is the great question, the

correct answer to which anchors the system for ever among the people. If we can learn anything from the past, it is to scatter the facts all over this broad land. But more of this anon.—*United States Medical Investigator.*

PORTABLE TESTS FOR ALBUMEN IN URINE.

At the last meeting of the Clinical Society, Dr. Parry exhibited the ferrocyanic test pellets, which he has devised for the detection of albumen in the urine, and which are portable and remain unchanged when kept in a stoppered bottle. They form a sensitive test, and apparently detect minute quantities of albumen, which heat and *nitric acid* fail to render appreciable. Dr. Oliver, of Harrogate, at the same meeting, exhibited test papers of various kinds, which can be carried in the pocket case, are almost unalterable by exposure, and which form more sensitive tests for albumen than either heat or *nitric acid.* Clinical physicians and practitioners, generally, who may desire to be armed with means, which they can readily apply, for the detection of albuminuria at the bedside of the patient, will be grateful to both the above gentlemen for the investigations which, with Dr. G. Johnson and others, they have recently carried on towards the elucidation of this point. The corrosive character of *nitric acid*, and the necessity of having a test-tube handy, in order to apply heat, have rendered the two classical tests for albumen far from satisfactory. Both these two new sets of tests, the pellets and the papers, react in specimens of cold urine, and can therefore be used either in a wine glass or other receptacle of ordinary domestic use.—*British Medical Journal.*

HEBRA ON POISONING BY *PHOSPHORUS.*

A highly interesting case of *phosphorus* poisoning is reported from the practice of Hebra, of Vienna, (*Boston Med. and Surg. Jour.*, vol cvii., p. 357.) The patient was a shoemaker's apprentice, and of previous good health. For six days before coming under observation, he had noticed isolated red spots on various parts of his body, soon becoming bluish, and increasing in number. These were easily recognised as hæmorrhages, and affected all parts of the body, including the conjunctiva and other mucous membranes. The gums were slightly swollen. The urine contained blood. The resemblance of the case to one of purpura hæmorrhagica was recognised, but no hypothesis of its causation could be formed. In two days slight paralysis of the right side of the head was noticed, and a difficulty in pronouncing certain letters; but the mind remained clear, and locomotion, and the special senses were unimpaired. The

ralytic symptoms rapidly increased; vomiting, complete hasia, and then coma set in, ending in death the next day. ıe necropsy confirmed the diagnosis of hæmorrhages, including e in the middle of the left optic thalamus, and towards the rface of the left parietal lobe. Capillary hæmorrhages were merous throughout all the tissues of the body, and in the ɔnchi, pericardium, mycardium, and all the mucous and ous surfaces, as well as in the muscles of the extremities. A croscopical examination showed the pathological changes met th in *phosphorus* poisoning. In the apoplectic region of the ain granules of fat and other evidences of fatty degeneration d infiltration were found; and the same condition existed in ıer parts of the brain in different degrees. The small cerebral eries and capillaries exhibited the same changes. Fatty generation was found in the most distant parts of the body. posits of fat granules were found in the cells of the liver, and the epithelium of the urethra. In all the muscles, voluntary d involuntary, deposits of fat granules were found. Further restigation showed that it is the custom among the shoe-kers' apprentices in Vienna to put the heads of matches into bread and beer of their fellow-apprentices, and this patient, ıo was particularly fond of operating upon his fellows, had no ubt fallen a victim to his own folly.—*The London Medical cord.*

BRUNTON, ON MAKING POULTICES.

t. Lauder Brunton, in the *Practitioner*, October, 1882, p. 9, describes how to make a poultice. He points out that in lammation, heat and cold, though acting in apparently opposite ys, bring about the one result of diminishing pain; the former ating the capillaries, and so diminishing the painful throbbing, affording a ready outlet for the blood into the veins, the latter sening the impact of the blood, by diminishing the quantity at into the inflamed part. In applying a poultice to an lamed part, it is best done in the ordinary manner, directly to skin; but in cases of inflammation of internal organs, or ıere spasm is present without inflammation, the poultice should applied as hot as possible, while the skin should be protected ım scalding. With these two objects in view, it is best to close the poultice in a flannel bag measuring about 12 in. 8 in.; by doing this, the poultice may be applied to the skin iling hot, without burning; the heat gradually increases as the nnel becomes wet, and lasts for a much longer time. One ultice so applied, often effects that which a succession of ultices made in the ordinary way fails to do.—*The London dical Record.*

PRURITUS ANI.

Pruritus ani often proves a most annoying and obstinate symptom, persistently refusing to yield to our therapeutic endeavours. It is therefore quite comforting to be assured that we have in two well-known drugs, two equally efficient specifics. Thus Dr. Steele, of Denver *(Lancet and Clinics)*, has found *quinia sulphate*, rubbed up with only sufficient lard to hold it together, a never failing specific in this affection. He uses it in both pruritus ani and vulvæ. The nearer you get to the full strength of the *quinine* the more efficacious it will prove. And some other physician is similarly confident about the local application of *Peru balsam*. Hence there can now be no more troublesome itching about the anal aperture, and medicine has achieved a new triumph.—*Med. Record.*

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Several important papers and dispensary reports arrived too late for publication. They will appear in our next number.

Communications, &c., have been received from Dr. Goldsborough and Messrs. J. Epps & Co. (London); Dr. Bradshaw (Bournemouth); Dr. Woodgates (Reigate); Dr. Hughes (Brighton); Dr. Cash (Torquay) Dr. Wilde (Weston-super-Mare), &c.

BOOKS RECEIVED.

Cómo obran los mercuriales en el tratamento de la Sifilis. Por H. R. Pinilla, M.D. Madrid, 1882.

Discurso leido en el Instituto Homeopático. Por el Dr. D. H. R. Pinilla. Madrid.

The Nursery Card of Emergencies. J. Epps & Co., London.

Homœopathic World.

Student's Journal and Hospital Gazette.

Journal of Medicine and Dosemetric Therapeutics.

Monthly Magazine of Pharmacy.

Chemist and Druggist.

Midland Medical Miscellany.

Hastings and St. Leonards Observer.

Calcutta Journal of Medicine.

Indian Homœopathic Review.

New York Medical Times.

Therapeutic Gazette. Detroit.

Hahnemannian Monthly.

United States Medical Investigator.

Medical Advance.

American Homœopath.

St. Louis Clinical Review.

American Observer.

Bulletin de la Société Hom. de France. Paris.

L'Art Médical.

Bibliothèque Homœopathique.

Revue Homœopathique. Brussels.

Omiopatica Revista. Rome.

Boston Morning Journal. March 10.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. Dyce Brown. 29, Seymour Street, Portman Square, W.; or to Dr. Kennedy, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. Gould & Son, 59, Moorgate Street, E.C.

THE MONTHLY
HOMŒOPATHIC REVIEW.

THE LONDON SCHOOL OF HOMŒOPATHY.

The annual meeting of the governors and subscribers of this institution, held on the 10th instant—the reputed anniversary of the birth of Hahnemann—was one of the most important in its history. The objects of the meeting were to hear the report of the work and financial position of the School during the past year, and to remodel, somewhat, its constitution. In all cases where many men are interested in promoting the same end, by means of an institution, opinions as to the best method of its organisation will differ; here, as elsewhere, *tot homines, tot sententiæ* holds good. From nothing have the real interests of the School suffered more, by nothing has the successful attainment of the object of its institution been more seriously hindered, than by differences of opinion too tenaciously adhered to. In the few but deeply interesting remarks made by Lord Ebury—who, in spite of the infirmities and weakness inseparable from the advanced age his lordship has arrived at, came up from the country to attend the meeting—the importance of unanimity of action was earnestly, almost imploringly dwelt upon. Such an appeal from one, who has for nearly half a century striven—regardless of all ease and interest,

indifferent to the sneers of the vulgar ignoramuses, who, in the *Lancet* of some years ago, because of his lordship's active interest in homœopathy, used to endeavour, by wretched appeals to prejudice and passion, to weaken his social and political influence—who has striven, we say, to promote by every means in his power the interests of all institutions having for their object the dissemination of a knowledge of homœopathy, could not fail of having a full effect. Never before has a meeting composed of so many subscribers, and these representing so many different views as to what was the best method to be pursued, been so thoroughly harmonious.

The scheme for incorporating the School under the Joint Stock Companies' Acts, while it had much to recommend it, was found to be for various reasons undesirable. The application to the Secretary of the Board of Trade, which at the October meeting it had been resolved to make was, therefore, adjourned *sine die*.

The question then came to be, what plan would best take its place. The preservation of the funds of the School for the objects towards the furtherance of which they were subscribed, was one of the most important of the results contemplated by the proposed incorporation. The working of the details of the School has always been a matter of some difficulty. It is very easy, comparatively speaking, to get a "paper" committee, but it is often a difficult matter to secure a quorum at a committee meeting. Again, the original intention of the founders of the Hospital was, that homœopathy should be taught there, and, as it would seem, from the title of the institution, LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL, they desired that it should be taught systematically. There is, we believe, a sort of tradition, that while the fit of enthusiasm, during which the Hospital was opened, lasted,

some lectures were given by Dr. QUIN and others, but exciting little or no interest they were allowed to drop, and any instruction which has since been supplied in connection with the Hospital has been of a desultory character. It was not until the late Dr. BAYES took the matter up, and pressed it forward, regardless of all opposition, and with a determination which nothing could check, that anything worthy of the name of systematic instruction has been attempted within the Hospital.

A desire no doubt exists on the part of many that the two institutions should be kept separate. This was very strongly urged at the Clifton Congress. It was so partly because the Hospital at that time had not the sympathy of medical men practising homœopathy throughout the country. In addition to this, there is a fundamental rule of the Hospital compelling all its medical officers to be members of the British Homœopathic Society—a rule which is, and always has been, very much disliked by all, save a few old friends of the late Dr. QUIN. Its infraction now would seriously impair the funds of the Hospital, inasmuch as the property left to it, under the will of Dr. QUIN, would by the terms of that will be forfeited to the benefit of other institutions. But there is no rule of the Hospital which obliges lecturers at a medical school connected with it to be members of the society. Hence the fundamental rule, as it is termed, need be no obstacle to the free election of those appointed to teach. This being so, and the Hospital itself being, from every point of view, in a much more efficient state than it was in 1876, the objections which were then felt to an intimate connection between the two institutions can hardly be said to be tenable now.

Further, the gentlemen who are to be entrusted with the responsible duties of lecturing, and the honorary secretary

are to be appointed by the votes of those who subscribe to the funds of the School. Life governors, those who by donations of £5 make themselves governors for five years, and annual subscribers, will form the constituency. So that by far the most important officers, those on whom the prosperity of the institution chiefly rests, will be the chosen of the subscribers to the School, not be it noted by such as are simply subscribers to the Hospital.

This being the case, and the resolutions proposed by the friends of the transfer of the School to the Hospital having guaranteed that the funds collected for educational purposes shall be exclusively devoted to those purposes, the convenience of having a committee not only capable of directing the School, but meeting regularly at short intervals on other business needs no argument to support it.

For these reasons, as well as from a desire not to disturb unanimity by pressing the advantages the School would derive from being independent, the proposals of Major VAUGHAN-MORGAN received almost unanimous, indeed we may say quite unanimous, support.

It now remains for the Board of Management of the Hospital to exert themselves to develop to the fullest possible extent the young institution which has been placed under their charge.

The measure of success it has achieved of late has indeed been but small. Many difficulties have, however, been overcome, and there is now no prospect of any diversion being suggested from the course originally designed for it of being simply a teaching institution. There is no "burning question" arising out of its present position, and none, so far as we can see, is likely to arise. Instruction in the principles and practice of homœopathy by means of lectures, systematic and clinical, and by the lecturers having opportunities of personal intercourse with

students and medical enquirers, and so assisting them in their investigation of homœopathy as a therapeutic method, form the sole objects of the medical school which will henceforth be a department of the Hospital.

This being so, it has strong claims for support from all who really believe in homœopathy, from all who really desire to see homœopathy more generally understood and more efficiently practised. An earnest effort to sustain our Hospital and School, not only by subscriptions, but by sending to the former cases useful for clinical instruction, and urging the latter upon advanced medical students and medical men as providing means for investigating and studying homœopathy, is no mean test of sincerity in the easily expressed wish to see a knowledge of homœopathy extended.

At the meeting, Dr. C. L. TUCKEY, of 21, Henrietta Street, Cavendish Square, was unanimously elected to be the Honorary Secretary in the place of Dr. POPE, who resigned that office. We are quite sure that in Dr. TUCKEY the School will have an officer who will watch over its interests with great care and efficiency. He has been associated in the work both with the first and the late secretary, so that he is thoroughly conversant with the duties of the post he has undertaken.

The Lectureship on Materia Medica was also vacated on this occasion by Dr. POPE. For this appointment an election will be necessary, the voters being, as we have pointed out, the life governors and annual subscribers for the current year. The only name we have so far heard mentioned as a probable candidate is that of Dr. BURNETT, and we believe it will be difficult to find anyone with higher qualifications for the duties than he possesses. His election would be matter for congratulation.

In noticing the changes which have been made in the

personnel of the School, we must not forget to mention the retirement of the Secretary, Captain MAYCOCK, who has from the first, rendered very valuable assistance to Dr. BAYES and his successor in the secretaryship. His punctuality and accuracy in carrying out instructions, as well as his uniform courtesy to all connected with or interested in the institution, have greatly facilitated the conducting of its business.

The lectures during the ensuing three months commence to-day, when Dr. DYCE BROWN will continue his course on the Practice of Medicine, taking up diseases of the digestive organs.

Dr. RICHARD HUGHES will, on Thursday next, the 3rd instant, begin a series of lectures on the "Institutes of Homœopathy." The subjects he has chosen are exceedingly well selected, and their discussion is admirably adapted to inform an enquirer on the principles of our therapeutic method. We give the programme for this Course, trusting that its prominent announcement may induce many to avail themselves of the opportunity of hearing Dr. HUGHES.

May 3. The Relation of Homœopathy to Hahnemann.
,, 10. The Knowledge of Disease.
,, 17. The Knowledge of Medicine.
,, 24. Similia Similibus Curantur.
,, 31. The Selection of the Similar Remedy.
June 7. ,, ,, ,, ,, ,,
,, 14. The Administration of the Similar Remedy.
,, 21. ,, ,, ,, ,, ,,
,, 28. The Philosophy of Homœopathy.
July 5. Hahnemann's Theories.
,, 12. The History of Homœopathy.
,, 19. The Claims of Homœopathy.

Adequately supported both by the subscriptions and sympathy of all who wish to see ample opportunities pre-

sented for studying homœopathy, and with the existence of such opportunities made known as widely as it is possible to make them known, there is every reason to hope that by careful and yet generous management on the part of those who have undertaken the work of superintending the carrying out of the wishes of the subscribers, there is, we say, every reason to hope that a prosperous future lies before our School, and that it may be made a most effective means of extending a knowledge of homœopathy, and of rendering those who attend it thoroughly competent practitioners.

THE PROGRESS OF SPOLIATION.

From time to time it has been our duty to call attention to the numerous instances of adaptation of homœopathically acting drugs, and methods of prescribing them, which have appeared, without acknowledgment, in the allopathic journals. During the early days of homœopathy, when the profession cared only to vilify our system without any show of enquiry, such instances were almost unknown. In fact, so prejudged was it, both in its law and its practice, that it was considered a waste of time even to enquire into it. But time, that arch revolutionist, has changed the character of the opposition. Homœopaths are now rarely, save by meaner minds—the Falstaffs, Shallows and Bottoms of the profession—designated as quacks and adventurers. True it is, that in out-of-the-way places, petty apothecaries met in solemn session, do occasionally deliver themselves of a fulminatory resolution, which, like an ancient blunderbuss, is more fraught with danger to those who use it, than to any it may be aimed at. This species of awful anathema is becoming rare, because, perhaps, it is beginning to dawn on that portion

of the profession prone to this form of amusement, that the delinquent "Sectarians" are, like the Jackdaw of Rheims, never a whit the worse. And with the decline of senseless and meaningless vituperation, has arisen a growing conviction that the results of homœopathy in many cases are so unpleasantly palpable, that there must be something in it.

The most noteworthy feature of this conviction is found in the increasing frequency with which uses of drugs, previously unknown save by homœopaths, are being heralded forth to the profession as specific in such diseases as homœopathy has pointed them out to be, and the credit which results is given to such learned physicians as may have announced the facts at a medical society or through the medical press.

We may perhaps be accused of a vain repetition of this matter, but we feel it a duty to keep our colleagues ever alive to this phase of polemics, and to enter our protest against silent acquiescence in it.

Foremost amongst annexations of this type comes an old friend, re-introduced to us by the *Midland Medical Miscellany*. After describing the botanical properties of the plant (which he says has now become officinal in the new U.S. Pharmacopœia), the writer goes on to state "that *bryony* possesses valuable properties there can be little doubt. The writer has repeatedly derived benefit from its use in muscular rheumatism following a cold, and in lumbago its action seems little short of marvellous." . . "In the second stage of pleurisy, in which general pyrexia has diminished or disappeared, but exudation continues, it is, according to Dr. Phillips, an exceedingly valuable drug. It is in those cases in which *aconite* has been employed in the earlier feverish stage that the best effects of *bryony* are manifested." . . . "In pericarditis and

pleurisy it is said to fully equal any remedy that exists. It has also a good effect in pleuro-pneumonia. In rheumatism, painful and stiff joints are more especially relieved by its use, but it is of less value when they are swollen." This is a very fair picture of the therapeutic sphere of *bryonia*, but the writer has omitted all mention of the law which guides its application, and of the experiments which led to it. His reference to Dr. PHILLIPS brings forward an authority of but recent date, and should have included the author from whom Dr. PHILLIPS derived all his knowledge of *bryonia*, and many other such remedies —to wit, *The Materia Medica Pura* of SAMUEL HAHNEMANN, published in 1827, in which a full account of the therapeutic action of *bryonia* may be found.

To go back no further than 1867, we find in HUGHES' *Pharmacodynamics* a description of *bryonia* not very much unlike the one we have quoted above.

Dr. HUGHES says: "After *aconite*, *bryonia* is incomparably the best remedy for acute rheumatism." . . . "Accordingly most of us employ it throughout rheumatic fever, generally in alternation with *aconite*, unless the symptoms call urgently for some other medicine." . . "It is a capital remedy for rheumatism attacking particular muscles, as those of the loins or neck."

Speaking of pleurisy, Dr. TRINKS says: "When, on the other hand, the inflammation had advanced to the stage of serous exudation, then, in all cases, *bryonia* showed itself a medicine of quick and certain operation." . . . "*Aconite* should be given at first, and continued until the exudation be plastic; but if serous effusion occur, its place must be taken by *bryonia*. It is especially in pleurisy that this treatment has become classical." For the use of *bryonia* in pericarditis (mentioned by the writer in the

Midland Medical Miscellany), Dr. HUGHES refers his readers to Russell's *Clinical Lectures*.

"It has also a good effect in pleuro-pneumonia," HUGHES (p. 174) says; "but in pleuro-pneumonia *bryonia* is specific."

So that there is a very striking resemblance between the description given by HUGHES in 1867 and the *Midland Medical Miscellany* in 1883.

Passing from *bryonia*, we notice next a medicine, of which, in 1867, Dr. HUGHES says: "*Kali bichromicum* is a drug of which the old school knows nothing."

The following extract will show what they know about its use in 1883. We quote from the *British Medical Journal*, February 24th:—

"Dr. J. E. Guntz, of Vienna, has recently used *bichromate of potash* as a substitute for *mercury*, in the treatment of syphilis, and has reported excellent results in the *Wiener Med. Wochenschrift*. The best preparation of the salt was a solution in water saturated with *carbonic acid*, in the proportion of 0.3 part of *bichromate*, to 600 parts of water. Larger or more concentrated doses caused vomiting. The most brilliant results were in cases of hard sore, when the preparation was given expressly with the intention of preventing secondary symptoms. In seventy-one cases of chancre, the sore was not treated with caustics, but the solution of *bichromate of potash* alone given to the patient; forty-seven out of these were saved from secondary symptoms. In fourteen similar cases the sore was cauterised as well; all the patients, excepting two, remained free from constitutional syphilis."

We can again point with exactitude to the homœopathic source of these wonderful results. Before noticing the similarity of the therapeutic results, we may just notice one point unintentionally occurring in Dr. GUNTZ' cases—"Larger or more concentrated doses caused vomiting." HUGHES, pp. 344 (1867).—"The provers (*i.e.*, those who

take larger or more concentrated doses) have nausea and vomiting."

After describing the pathogenetic effects of the drug, Dr. HUGHES quotes Dr. DRYSDALE, who says: "The resemblance in many respects between the action of this medicine (*kali bichrom.*) and that of the syphilitic virus, and also its analogy to *mercury*, would lead us to hope that we may find in it another remedy for that disease. We have, produced by this remedy, the rash on the skin; then the sore throat, which has been mistaken for syphilitic; then the periosteal pains; then the rheumatism; and lastly the diseases of the skin, chiefly of the pustular character, which have the hard dark scab, and leave the depressed cicatrix." Dr. HUGHES agrees with Drs. WATZKE and RUSSELL in rating it very high as a remedy for syphilitic sore throat; also for syphilitic affections of the sclerotic and iris. "The *bichromate* has often been used with great advantage in pustular eruptions; a syphilitic origin would specially indicate it in these cases."

Dr. GUNTZ may possibly have read the record of the Vienna Provings in the *Austrian Journal of Homœopathy* for 1847. If so, this would quite account for his knowledge of, and brilliant results with, this drug. The dose, too, which is mentioned, is similar to that advised by Dr. HUGHES, who says:—"In syphilis, the lower potencies of this salt and of the neutral *chromate* have been used with most benefit."

Both in the introduction of *bryonia* and *bichromate of potash* to the general medical public, the authors of the discoveries rise but little above the grade of the commonest plagiarist.

Not only are our medicines calmly appropriated, but the much abused law of similars is employed to enable allopaths to prescribe new remedies with certainty. As an

example, we may instance the new remedy imported from America—*convallaria majalis*.

It had long been known and used empirically by the peasants of Eastern Europe as a remedy for dropsy. Professor GERMAIN SÉE, at the Hôtel Dieu, Paris, however, is the first who has systematically studied its action. The toxic effects on a frog are first described, and then the therapeutic effects noted clinically. It is impossible to read them without noticing the decided homœopathicity of the drug to the cases selected. This will be seen by the following extracts from Professor SÉE's paper :—

"It appears that the heart is first slowed, and the respirations are quickened; then the heart's action becomes irregular, and the pulsations are weak and very rapid; the blood pressure is first increased, and then lowered." "The excito-motor power of the nerves is unaffected, and the excitability of the pneumogastric is weakened, though not abolished."

So much for the pathogenesis of the drug. Of the therapeutics Dr. SÉE says, "It produces on the heart, blood vessels, and respiratory organs, effects constant and constantly favourable; to wit, slowing of the beatings of the heart, with often a restoration of its natural rhythm; and, on the other hand, augmentation of the energy of the heart and of the blood pressure. It is useful in palpitation, resulting from exhaustion of the pneumogastrics; in simple cardiac arythmia, with or without hypertrophy, and with or without valvular lesion."

Here we see a drug whose prominent pathogenetic effect in toxic dose is arythmia of the heart, recommended as a cure for that condition; the derided law of *similia similibus curantur*, pointing out the therapeutic use of a new drug.

Another recent introduction from the States is *drosera rotundifolia*. The circular in which this drug is men-

d, states that, "The fact that it is most markedly
icial in whooping cough, nervous or sympathetic
h, in the spasmodic cough, of bronchitis, etc., would
to indicate that the drug is a nervine. In whooping
h it lessens the tendency to vomit during the
ysm."

UGHES, pp. 269 (1867) says: "The only significant fact
ie pathogenesis of *drosera* is the spasmodic cough it
uces." . . . . "Nor is it essential that a spas-
ic cough should be true pertussis for *drosera* to cure
n sympathetic and nervous coughs of this kind it
acts admirably." There is a marked similarity in the
ription of the allopathic and homœopathic authors,
ervous or sympathetic cough being specially noted by
, although there is an interval of sixteen years between
wo descriptions.

e have frequently had occasion to refer to Dr. RINGER'S
ude in annexing homœopathic drugs. A member of
profession, who hails from the sister isle, seems much
cised in his mind by the discovery that Dr. RINGER'S
s" are not more widely made use of. Writing to the
ish Medical Journal he says: "I have never used the
e, caustic, or anything similar, in the treatment of
uncle, since the *sulphide of calcium* was brought into

According to my experience, this medicine never
to perform a cure, even in the oldest and most delicate
le, in carbuncles and boils. I have made inquiries in
e parts of England, Ireland, and Scotland, and I have
amazed to find that the *sulphide of calcium* is seldom
cribed." If this amazed M.D. would only take a
œopathic Medical Directory, and make inquiry of the
st practitioners of homœopathy in England, Ireland,
Scotland, we venture to think that he would change
opinion.

Now all this unacknowledged pilfering of remedies and principles is having its natural effect on the profession at large. The general tone of the medical press is greatly altered. Instead of uniform, unmeasured abuse of our law, and often of our characters, a sort of tacit understanding to ignore our very existence seems to be the order of the day. And yet hardly a week passes without mention being made in medical journals of new drugs derived from homœopathy, new uses of old drugs suggested by homœopathy, or wonderful cures of diseases made by palpable, though empiric, homœopathy. Verily, the therapeutic ways of the professed opponents of homœopathy greatly resemble the ordinary ways of the heathen Chinee—they are "dark and peculiar." In the face of this ever-increasing wave of change, it becomes the urgent duty of every honest homœopath to clearly make known the law which guides his practice—that law through the application of which all therapeutic success has been gained. Not for sectarian purposes do we urge this—for we hope that the day is dawning of a generation that will recognise skill and honest work wherever met with—but in order that due honour and acknowledgment should be given to that law which is the real centre of all therapeutic discovery and clinical success.

We do not question the worldly wisdom of those who, although convinced of the truth of homœopathy and glad to avail themselves of its powers, still cover themselves with the ægis of allopathy and respectability. But the respect of one's fellow workers must not be allowed to count for nothing in this day, and is, after all, in our opinion, worth more than the ephemeral reputation of the modern empiric.

MEMBRANOUS MENORRHAGIA.

(CHRONIC ENDO-METRITIS.)

By ALFRED C. POPE, M.D.,

Lecturer on Materia Medica at the London School of Homœopathy.

THE interest of the following case consists not only in the comparative rarity of the disorder, but in the fact that it was cured, and rapidly cured, with medicine alone, and that the medicine used was thoroughly homœopathic to the condition, while it is one comparatively seldom resorted to in uterine cases.

As the patient was prescribed for entirely by letter, the details are necessarily much slighter than is desirable for clinical study; but imperfect as they are, they still appear to me to be sufficiently important to deserve a record, especially at a time when the proclivities of our gynæcologists are so markedly surgical, when the tendency in ovario-uterine disease is to shirk the study of Materia Medica, and to place reliance upon some manipulation with an ingeniously constructed instrument.

The patient was a young married lady, travelling with her husband on the Continent. I heard from her on the 20th of February, 1882. She told me that she married during the summer of 1880, that in the November following, when returning home through France, she had a miscarriage, and was ill for five weeks afterwards. Since that event, at each period the discharge has been profuse, and about thirty-six hours after its commencement there is a *painless* discharge of a membranous sac—"generally it is in one piece like a little bag closed at the mouth, but sometimes in the form of shreds." From the time of this membrane being extruded to the conclusion of the period is usually two days and a half. Her appetite and general health she describes as "perfect." During May, 1881, the menorrhagia was somewhat alarming, confining her to the sofa for some days and increasing after the least movement; the discharge being profuse, dark coloured and clotted. Shortly afterwards she consulted a homœopathic physician, who ordered her *secale*, a sitz-bath, sea bathing, and a limited use of animal food. The next period was passed precisely in the same manner as the last. *Senecio* was then prescribed, and at the following menstruation no

membrane was perceived. But on the next occasion, matters were just the same as they had been previously. *Collinsonia* was next tried, but without result.

Thus, with the exception of one period, there has been for fourteen months a painless discharge of a membrane, preceded by menorrhagia varying in degree of severity.

I prescribed *Tincture of Cyclamen* 3x, one drop to be taken every four hours. Perfect rest and freedom from all sources of excitement for a few days before, during, and after a period.

On the 16th of March the report was that the period was delayed four days, and for four days the discharge was very moderate in amount and of a brownish colour; it then became freer, and a membrane somewhat smaller, but of a character similar to that already described, was passed.

On the 19th of April, having returned to England, she reported the period as having been delayed a week, lasting four days, and as being at no time excessive, and without any appearance of a membranous substance. Her general health was good. The same medicine was continued.

On the 22nd of May I heard that another period had passed over in a perfectly healthy manner. The *cyclamen* was now abandoned, and some medicine prescribed to reduce a somewhat swollen submaxillary gland.

On the 15th of July I was informed that menstruation had not occurred since she last wrote, and as conception had probably taken place, I simply directed her to lie on the sofa during the days when, but for pregnancy, she would be "unwell."

She was confined on the 1st of March, being at the time under the care of Dr. Moir, of Manchester. The labour was easy, and only of four hours duration.

The condition represented by the periodical discharge of a membrane, together with an increase in the menstrual *flux* following upon a miscarriage or abortion, giving rise to a somewhat prolonged illness, may be regarded as indicative of the presence of endo-metritis. It is true that I have no history of the illness following the miscarriage, and am unable to describe the existence of the pain usually attending acute endo-metritis. This is owing to my communication with the patient having been entirely conducted by letter, and to the length of time which had elapsed since

that illness, having probably rendered her forgetful of its circumstances.

This condition had existed almost uninterruptedly for fourteen months. From the time the *cyclamen* was first given, the membrane only appeared once. Subsequently menstruation occurred normally, in about three months conception took place, the period of pregnancy was passed through without any untoward circumstance, and parturition was perfectly normal and unusually easy.

A membranous discharge without pain is unusual. Ordinarily extreme suffering, not unlike the pain of labour, endures from the commencement of the period until the membrane has passed. Further, menorrhagia usually follows on the membrane. In my case there was no pain, the period commenced with menorrhagia, which practically ceased on the extrusion of the membrane. This sequence of events suggests considerable passive congestion in the ovary as co-existing with the chronic inflammation of the uterine mucous membrane, which I presume was the *reliquium* of the miscarriage.

In selecting a medicine to meet the condition it was desired to cure, I was guided by the two symptoms "profuse dark menstrual discharge," and the presence of "a membrane." On looking into Allen's *Repertory*, I found only one medicine credited with having produced a similar condition, viz., *cyclamen*. Turning then to the recorded effects of this drug, as set out in the fourth volume of the *Encyclopædia of Materia Medica*, I found that when taking *cyclamen* five women had had the menstrual discharge considerably increased. In one, in whom menstruation had always been painless, bright coloured and thin, the flow became profuse, black and clotted, and was accompanied by violent labour-like pains with abdominal distension. In another the discharge was "black, clotted and membranous."

I accordingly prescribed *cyclamen*. It was purely homœopathic to the symptoms, and to the condition producing these symptoms. We often have to regret the comparatively few medicines which exhibit a decided influence on the health of the uterus, a circumstance which forms a strong inducement to neglect the use of medicines, and to rely on surgical proceedings in disease of this organ. These latter, however, should, I hold, be

regarded as reserve forces. Until a careful study of the Materia Medica, not a mere effort to remember what we learned years ago, but a direct reference to the provings themselves, has convinced us that no medicine homœopathic to the condition to be cured is so far known, are we, I contend, justified in recommending a resort to surgical measures.

It is true enough—and happy for some unfortunate women it is, that it is so—that the uterus will bear an amount of rude handling which is perfectly surprising. Nevertheless, such as it is too often subjected to is ever painful, and never absolutely free from danger.

In such a case as that I have related, while gynæcologists differ somewhat as to the local treatment which is most useful, each method is more or less objectionable. Dilatation of the cervix is required at any rate. This may be followed, according to some authorities, by cauterisation of the internal cavity of the uterus, by others by brushing the internal surface with an "alterative," such as *chromic acid*, tincture of the *muriate of iron*, or a solution of the *chloride of zinc*; others, again, advise suppositories of an astringent character to be lodged in the cervical canal; others injections of a concentrated solution of *nitrate of silver*, or of a 2 or 3 per cent. aqueous solution of *iodine* for example; lastly, and most in favour at present, I believe, is the scraping of the uterine cavity with a copper curette without a cutting edge. This Dr. Thomas, of New York, states is especially applicable "in cases of endo-metritis engrafted upon sub-involution, and accompanied by hæmorrhage." This is probably the history of the case I have narrated, and such was probably the kind of treatment from which a few doses of a harmless and tasteless drug, suggested by the law of *similars*, saved her.

Inasmuch as sterility is an ordinary result of endo-metritis, the occurrence of pregnancy may, I think, be regarded as demonstrating the completeness of the recovery of uterine and ovarian health in my patient.

Tunbridge Wells,
April 4th, 1883.

A CURIOUS EFFECT OF *MONOBROMATE OF CAMPHOR.*

THE archives of the late Dr. George M. Beard, are responsible for the details of a case which is to say the least curious, and which should be further tested and studied in the light of extended experiment.

A young man, apparently in fair health, and not troubled in the least with indigestion, in the ordinary sense of the term, the contact of a cold and clammy hand with his own, or the sight of a person afflicted with physical deformity, was sufficient instantaneously to produce the most violent paroxysm of gastric catarrh, accompanied by such severe and exhausting throes of convulsive action, that the danger of death from suffocation was by no means an insignificant element. On several occasions the patient actually fainted from exhaustion before relief could be obtained; and, the whole gamut of ordinary tonics and sedatives having been tried in vain, a medical expert was finally consulted, with a view to allay an irritability as inconvenient to a man who wished to enter upon a medical career, as it was peculiar and inexplicable. Among the curious features of the case was the fact that the patient could endure the actual presence of odours of the most offensive kind; and yet so strong was mental association that the mention of such an odour often resulted in a violent attack. He could bear the effluvia and sights of the dissecting-room for hours together without inconvenience; while the glimpse of an insane or idiotic face would induce an instantaneous paroxysm of such intensity and violence that medical assistance had to be summoned.

Monobromate of camphor was administered in three grain doses every three or four hours with excellent effect upon the gastric irritability, but was followed by most curious mental phenomena.

The patient thus states his own case:—

"I took the *monobromate of camphor* as prescribed for a week or more with decided alleviation of the gastric trouble, and had begun to congratulate myself that I could endure the presence of a cuspidor without disagreeable symptoms or disturbance of my internal peace, when a novel and very peculiar train of effects supervened, and the drug began to have a tangible and decided influence. From 30 minutes to an hour after taking the dose a strange doziness stole

over me. I did not drop to sleep in the proper and natural acceptation of the word, but rather fell into a species of trance of five or ten minutes' duration, my eyes remaining open and my senses as acute as ever—perhaps a trifle more so. The next step was an unexpected and curious one.

"One afternoon, about three o'clock, I took the Sixth Avenue elevated train, intending to alight at Twenty-third Street. I entered the car at Park Place, and had been seated two or three minutes when one of my monobromate trances supervened. The buzz of conversation about me was perfectly audible, and I was conscious of all that was passing. I came to myself with a start at Bleecker Street station. My first impression was that I had boarded the wrong train. I was completely 'turned round,' and could not disabuse myself of the idea that the train was going south instead of north. I studied the landmarks and the number of the streets one after another from the car window, and soon satisfied my mind that I was travelling in the right direction. But the false sensory impression still continued. I had not altered my position during my doze, nor had the direction in which the train was moving been shifted in such a manner as to account for the strange delusion of the senses. I got out of the car at Twenty-third Street, as I was in the habit of doing, and started to walk home (I had apartments in Twenty-eighth Street), but familiar as every landmark was, the false sensation was not corrected by my descent to the street. I walked up Sixth Avenue under the impression that I was walking down, and turned to the east when I arrived at the corner of Twenty-eighth Street, under the impression that I was turning to the west. The false sensation—there is no other accurate name for it—persisted until I entered my room, when, with a sudden transition, it disappeared, and I was correct again as to the points of the compass. From the date of this experience the phenomenon was one frequently repeated, and at first I was rather amused and studied its features with something akin to curiosity. On the Third Avenue elevated railroad, and on the Third, Fourth, and Sixth Avenue Surface cars, the condition was equally sure to supervene, provided that I had taken my dose of monobromate a few minutes previous to setting out, and so common did it become in the course of four or five days that I acquired the partial habit of moving about by reference to landmarks, instead of doing so in the semi-

automatic way usual with people who are familiar with the ground that they are traversing. One fact I soon ascertained beyond a question, and that was that the phenomenon was not due to any external cause, alteration in my position, or in the direction of the car while I was dozing, but to some internal and unique physiological effect of the medicine. In every instance the points of the compass were exactly reversed. North seemed to be south, and east seemed to be west, and there was no variation from this rule, no partial reversal of the cardinal points, during the four or five weeks that I was taking the medicine.

"I had been the victim of more than twenty such experiences—trances, I may style them, for want of a more accurate term—followed by a complete reversal of the points of the compass, which generally lasted for ten or fifteen minutes, and then suddenly cleared away. But as the *monobromate* was answering admirably the purpose for which it was prescribed, I still continued to take it. One afternoon as I was riding up Third Avenue, I fell into a doze as the car was passing Cooper Institute, and did not recover my normal condition until the conductor called Twenty-fourth Street. As usual I was turned round, and I walked home in that uncomfortable but now familiar state. To my astonishment—an astonishment that deepened into terror as the hours went by—the false impression was not dispelled, as it had always been previously, on entering my room, but remained through the evening, and was still present, like a strange nightmare, when I went to sleep. I passed a few hours in troubled slumber, vexed with ghastly dreams.

"My first impulse on getting out of bed in the morning was to step to the window and ascertain whether I was still 'turned round.' The sun was just struggling into view above the cornices of the buildings, and, to my terror, it seemed to be rising in the west. The impression persisted during the whole day, although I at once discontinued the *monobromate*, and I retired to bed that night wearied, bewildered, mentally tired with the constant vigilance I had been obliged to exert in order to prevent mistakes in walking about the city in pursuit of my usual vocation. Innumerable large black flies seemed to be flitting and coursing in swarms to and fro across the field of vision; lances of pain shot from temple to temple, and,

at the base of the brain, a dull benumbing sense of pressure extended upward in the direction of the coronal region. I fell into an uneasy drowse about midnight, and slumbered for several hours without obtaining any real rest or repose. For a second, a third, and a fourth day the sensation persisted. To describe what I suffered would be to tax language beyond its resources, the condition was one so whimsical in its nature, and yet so maddening in its effect on brain and nerve; so torturing in its eternal conflict between the senses and the understanding. No one who has not experienced the result of a protracted strain of the faculty of attention such as I was obliged to endure, can possibly comprehend how such a condition taxes one's physical forces. At the end of the fourth day I was prostrate in mind and body, and so enfeebled that I could scarcely walk. I saw no relief from the tension but death; thanked God fervently when I began to be a little dozy, and went to sleep earnestly hoping that I might wake up with my points of the compass properly adjusted, or never wake at all. Fortunately my petition was granted; another day of such torture must have ended in insanity or brain fever. The next morning the sun rose in the east as usual, and I went about like one who had been released from a troubled dream; but it was many days before my nerves fully recovered from the shock they had sustained, and even now I shiver at the recollection of my suffering."

Dr. Beard's explanation of the case was "that by some abnormal action of the drug, some interference most likely with the cerebral circulation, the initiative was transferred from the left hemisphere of the brain to the right. It is a familiar fact that, under normal conditions, all our muscular impulses originate in the left hemisphere of the brain and are transferred to the right. The left lobe of the brain leads, the right follows, and thus the activities of a mass that actually consists of two brains which are functionally independent of each other, are co-ordinated and work together in harmony. If both hemispheres acted simultaneously and independently, the result would be double thought, double life, disorder, and contradiction. Each hemisphere being, then, so far as nervous centres are concerned, both motor and sensory, a perfect brain, one must be subordinated to the other in function, or confusion would result; and it is probable in point of fact that many

strange psychological phenomena actually arise from temporarily interrupted or defective co-ordination; as when, for example, a man has the momentary consciousness of double being or of living a double life—a phenomenon due, no doubt, to the momentarily independent action of the two masses. In the case of the young man, it is probable that the co-ordination of the two hemispheres was disturbed, and that the right for a time having assumed the initiative that had so long appertained to its fellow.

"The result was a complete reversal of the established associations of the sensory and intellectual life. As the effect of the sedative wore off and the normal circulation was re-established, the left hemisphere resumed its former hegemony, and the natural order of things was restored.

"It is possible, again, that the trouble was confined to the optic nerve and its lobes, and did not extend to the whole cerebral mass. A little anatomical study will readily explain how this might occur, with the exact result described by the patient. But this is certain, in any event, that the old explanation of being 'turned round' did not hold good in the case under consideration, and that a deeper and more occult cause must be assigned for it."

In the light of the law of *similia*, this proving must make an important addition to our armamentarium in the treatment of nervous affections.—*New York Medical Times.*

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

What they mean, and their treatment according to homœopathic principles.

By Dr. Med. Bernhard Hirschell, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

Fourth Section.

Diseases of the Spleen.

Since the function of the spleen is unknown, it is very clear that its pathology is valueless. The diagnosis is so obscure

that even percussion is unreliable when the spleen lies upon solid parts, as in hepatic and renal affections, &c., &c., or when the stomach or bowels are full, or when they are depressed. The supposition of a splenalgia, which is to be distinguished from other neuralgias by position merely, is not to be denied, though the contributions on this point by the pathologists Piorry, Canstatt, Guttceit, Henoch, are quite imperfect. Many diseases of the spleen are certainly, in the first instance, consequences of liver affections. The ease with which swelling can be caused by virtue of its erectile tissue, puts it in the power of the stomach, in consequence of its proximity, to produce this, without reference to its physiological reaction; and several cardialgias might be referred to the spleen, especially those connected with the formation of acid, vomiting, morbid hunger, cachectic appearances, anæmia, hypochondria, chilliness, dyspnœa, certainly to hyperæmia, chronic inflammation, hypertrophy, atrophy, fatty degeneration, tubercles, if only the symptoms of splenic disease were at all characteristic. We must find out the causes of the changes of position, to which the spleen is very much predisposed, and where its mechanical pressure over the stomach may by that very fact bring on increased tenderness and disorders of digestion.

Diseases of the Omentum.

The consequences of epiploitis, such as crumpling up, infiltrations and adhesions with pulling at the stomach, may give rise to hyperæsthesia, which is apt to be mistaken for gastrodynia, in consequence of the difficulty of diagnosticating the diseases of the omentum during life. The continuous duration and the exclusion of other causes lead probably to this possibility, for certainty is not attainable. New formations, hard formations of fat and cancer of the omentum we must be on our guard against taking for sufferings of the stomach.

Swelling of the Glands lying behind the Peritoneum.

Swelling of the glands behind the peritoneum may also excite pains in the stomach through pressure on that organ, as sympathetic metastases. If the swellings are malignant, as tubercles, schirrus, they seldom are isolated, and have similar states in other regions as accompaniments. Benignant growths may remain latent for long, and occasion mistakes in diagnosis, but in their progress feelings in the

spinal column, difficulty in its movements, swellings, fluctuation, congestive abscesses, fever, consumption, will lead to the true focus of the disease.

Disease of the Vertebræ.

Diseases of the vertebræ will, by the phenomena peculiar to bone diseases, clear up the nature of the pains in the back so frequent in cramps of the stomach, and guard us against error.

Aneurism of Abdominal Aorta.

The aneurism of the abdominal aorta may, from its elevated position, especially at its first appearance, excite such neuralgic stomach symptoms that, what with the difficulty of this diagnosis in general, its recognition is very much impeded. The secondary heart symptoms, pulsation, swelling, increase of pain from lying on the back, warmth, movement of the vertebræ, and the consequent diseases of the vertebræ and of the whole arterial system, which may here give the key, first appear at a later period.

Diseases of the Diaphragm and of the Heart.

Among the neighbouring organs of the stomach are finally to be considered the diseases of the diaphragm, especially neuralgia, rheumatism, and affections of the heart, among which, especially, neuralgia of the heart, palpitations of a nervous character, dilatation of the heart, with neurosis of the stomach, which is often a consequence, present alternations. Here troubles of breathing and of the heart come to the front, and an exact examination will promote the decision.

Renal and Sexual Diseases.

Gastrodynia is often excited from the more remote organs through sympathy or reflex action; *e.g.*, in renal and vesical complaints, particularly in ischuria and dysuria, diabetes, Bright's disease, hyperæmia and hypertrophy of the kidneys, renal and vesical calculi, cramp in the bladder, and catarrh or paralysis of that organ. At the commencement, before the irregularities in the secretion of urine manifest themselves, we must be very careful, and never neglect the examination of the urine, the kind of

excretion, the objective inquiry in general, for otherwise the treatment remains fruitless, and merely palliative. Also from an irregular excitement of the sexual organs, and the consequent irritability and weakness, a sympathetic neurosis of the stomach may arise. More obstinate than these are those forms to be met with in the female sex in consequence of pregnancy, leucorrhœa, anomalies of menstruation, ulceration of the mucous membrane, and the tissue-changes of the uterus and of the ovaries, especially changes in position, depressions, bendings, fissures, prolapsus, and they can only be radically removed by the eradication of these causes.

Rheumatism.

Rheumatism, just as it may excite a neurosis of the intestines, called colic, may undoubtedly bring on a neurosis of the stomach corresponding to it. Schönlein has consequently indicated a special form as cardialgia rheumatica. Its characteristics, however, are not pregnant enough to distinguish it from other forms of gastrodynia, and as to its course being only a few hours, rarely twenty-four, experience proves the contrary, which frequently indicates a longer duration of this form of disease. Rheumatic symptoms occurring in the rest of the body, the alternations of neurosis with these, the causes of origin, the special cutting and drawing pain, the accompaniment of catarrh and diarrhœa point to this form, which, however, is not sufficiently specific to form out of it a particular species of gastrodynia. With justice Henoch* warns us of the alternation with the rheumatic affection of the epigastric aponeurosis, which may be taken for gastrodynia. Severe pain, increased by pressure and each movement which tightens the abdominal muscles; *e.g.*, on bending the body backwards, do not always prevent mistakes, if you do not examine narrowly. Cardialgia arthritica generally concurs with catarrh of the stomach or hyperæmia, and is quite different from neurosis.

Parasites.

Not the least of our troubles arise in the separation of the primary stomach-cramp from those which parasites especially tapeworm and lumbrici, by their irritation of th

* a. a. O. S. 206.

sensitive nerves, sympathetically excite in the stomach. Compare the symptoms of tænia: the feeling of pain, the twisting, drawing and cutting, vomiting, nausea brought on by various kinds of food, morbid hunger, removal of troubles by eating, dyspnœa, palpitation, headache, giddiness, &c., &c.—not a single symptom of all these but may be present in stomach-ache. Only the twisting in the region of the umbilicus, the specific action of certain kinds of food, and anthelmintics immediately after their introduction into the stomach, itching of the nose and anus, and the sudden appearance and disappearance of the attacks give some support in cases when no discharge of parasites has yet taken place. It is clear that a radical cure can only take place after their removal, yet a palliative help is possible in tænia, and in cases of lumbrici and ascarides we succeed in removing for a long time the stomach troubles, by an improvement in the accompanying catarrh of the gastro-intestinal tract and of the nutrition generally, as well as by an improvement in the tone of the nerves of the stomach.

Andral relates instructive cases of sympathetic neuroses of the stomach, a case from brain disease, effusion of serum into the ventricles, of tuberculosis of the lungs causing vomiting for six weeks, of cancer of the uterus with signs of nephritis, pain in the stomach, obstinate vomiting for four weeks, of vomiting after cholera in a girl of 21 years, who had frequently suffered from her 13th year with pain in the stomach, without a single trace of change in the stomach being found after death. All authors (I believe one copied another) finally speak of a febris intermittens cardialgica, because the intermittent process might set in typically under the form of neuralgia in the stomach. I have never seen anything of the kind, for intermittent fever is one of the rarities in my native state, and I leave to others the proof of the oft-repeated assertion, as well as the task of unmasking such a disguise.

Classification of Pains in the Stomach.

The art of the nosologists has always failed to present a variety of forms. We find the same result in our subject. How far this splitting up may be carried, Joseph Frank shows us strikingly, who distinguishes between a secondary and a primary cardialgia or a neuralgia cœliaca. The first he supposes to proceed from the skin, zoster,

anthrax, from the abdominal muscles, from the lungs, the pericardium and heart, the aorta and the arteria cœliaca, hydrothorax, the liver, gall-bladder, pancreas, spleen, kidneys, bladder, uterus, mesentery, colon, stomach, from intermittent fever, from continued and remittent fever. Primary cardialgia he divides into the following species: Cardialgia from the ingesta, dyspeptic, bilious, flatulent, from acids, mucous, from worms, from plethora, rheumatic and arthritic, carcinomatous, spasmodic, atonic. You see at first sight the capriciousness and defective character, in spite of the multiplicity of forms. Modern pathologists have consequently discontinued this classification. Schönlein's classification suffers from these deficiencies, for he separates under the group of neuralgias of the abdominal nervous system the species neuralgia cœliaca and cardialgia, *i.e.*, gastrodynia; and he arranges of the last the five kinds:—simple cardialgia, *i.e.*, vomitus chronicus, C. rheumatica, menstrualis, podagraica, C. potatorum, *i.e.*, pyrosis. Romberg considers as characteristic of vagus affections the feeling of hunger and satiety, and describes his gastrodynia neuralgica as a hyperæsthesia of the vagus in the following terms:—Attacks of pain, alternating with intervals of ease and painlessness; the pain is not increased from external or internal pressure, but on the contrary, in several instances goes away; desire for food, not seldom morbid hunger; sympathetic sensations; globus; pain in the back; desire to make urine, fails rarely; reflex movements of abdominal muscles; tension; vomiting; ructus; yawning is frequent. Reproduction goes on unchecked even for a long time. Thereupon he separates hyperæsthesia of the sympathetic as neuralgia cœliaca, and points out as a characteristic difference the feeling accompanying the pain of faintness, a sign for all the affections of the sympathetic, with pain and reflex action, and failure in the energy of the nerves of nutrition, the threatening annihilation of life, which also is expressed in the circulation and general aspect. The neuralgia of the vagus may be an independent affection or an eccentric symptom of a spinal affection. The symptoms of neuralgia cœliaca may be violent constrictive pain at the epigastrium suddenly or after a feeling of pressure quite to the spine, with feeling of faintness, sunken face, cold extremities, small pulse, distension of the region of the stomach, arched in

the form of a ball, or more frequently drawn in with tension of the abdominal coverings, pulsation in the epigastric region; external pressure is borne; the patient himself presses against the epigastrium, or squeezes it. Sympathetic feelings in the cavity of the chest, under the sternum, in the throat, twigs of the vagus, rarely in the external parts. According to some, in thirty minutes the attack gradually ceases; when exhaustion remains; or suddenly with belching, vomiting, sweats, passing of urine, In the intervals the health is undisturbed. Suppressed hæmorrhages, arthitis, give the occasions. It precedes vomitus cruentus, melœna, carcinoma. Treatment as in neuralgia vagi, Sauvages, Stoll, Pinel, and others, distinguished between cardialgia, pain connected with feeling of faintness, and gastrodynia. Hufeland designates cardialgia the periodic, gastrodynia the continued pain. Such distinctions are justified by no physiological experiments nor by clinical observations. They are too artificial to be true, and merely stand upon paper. If the classification only satisfies a merely descriptive anatomico-natural historical interest, and is not to appear as a play of logic, it must have a relation to practice. If it is not useful for that, it is superfluous. If it leads this wrong, it is the more dangerous.

Relying upon this view, we recall to the reader's memory what we have said about the complicated, often insuperable obstacles and difficulties of the diagnosis, and about the impossibility of finding out always the peripheric or central origin. We shall appear fully justified, as we shall prove more at length in the therapeutic part, if we hit off the following classification as an indication for practice, holding to the objectivity of the symptoms :—

We distinguish—1st. The pure nervous pains of the stomach, the cramp of the stomach proper.

To this category belong as well primary neuroses, as gastrodynias by metastasis from other neuralgias, the rheumatic, the hysteric form, &c., &c., many reflex and sympathetic actions.

2nd. The vascular pains of the stomach. To this class belong as well the hyperæmic as the anæmic form, spasms of the stomach from congestion, after coffee, alcoholic drinks, in hæmorrhoidal cases, plethora abdominalis, anomalies of menstruation; the secondary forms in hepatic and

splenic obstructions; spasms of the stomach in chlorosis, after losses of blood and fluids.*

Besides these, we must, however, lay down yet an irregular form of gastrodynia, and thus—

3rd. Organic pains in the stomach. Under these we range cardialgic troubles from organic disturbances of the slighest degree, *c.g.*, those from catarrh, from chronic inflammation, even to the highest, ulceration, cancer, and indeed all the gastrodynias proceeding from the stomach as from other organs, when they are organically affected. This classification gives us, according to the principles of our school, on the one hand certain general indications for practice, and on the other, in spite of their embracing so much, a sort of security against too gross mistakes in diagnosis, which in spite of all subtlety on paper often commits right gross errors precisely in life.

The further justification we will attempt in the practical part in the section on the indications.

REPORTS.

THE LONDON SCHOOL OF HOMŒOPATHY.

The Annual General Meeting of the Governors and Subscribers was held in the Lecture Room of the London Homœopathic Hospital, on April 10th, at three o'clock, for the reception of the Annual Report, and for the consideration of various proposals for the re-organisation of the School, and for its future government. The chair was taken by Lord Ebury, who was supported by Major Wm. Vaughan-Morgan, Dr. Pope, Mr. A. R. Pite, Dr. Dyce Brown, Dr. Galley Blackley, Dr. Tuckey, Dr. Cooper, Dr. Dudgeon, Dr. Baynes, Dr. Clarke, Dr. Moir, Dr. Hughes, Mr. Rosher, and others.

The Secretary (Captain Maycock), having read the notice convening the meeting,

Lord Ebury said he would like to make a remark or two before the meeting proceeded to the business before it. Their Institution was the only School of Homœopathy in England, and if, by any chance, they should be without a School, they would be without what was certainly a most essential part of their means for promoting the spread of homœopathy. They

* It is, however, questionable, if many anæmic forms do not rather belong to the neuroses, since in chlorosis, for example, in each case the nervous element may also be primarily affected. See 2nd part.

were assembled at the first annual meeting of the London School of Homœopathy which had taken place since the death of Dr. Bayes, whose great zeal and energy had commanded the entire sympathy of most of those assembled at that meeting. They had lost their Founder, and that was a very great loss indeed. The large amount of money which had been secured by his single endeavours would entitle him to any amount of praise, and any amount of regard. The noble speaker said he had felt his loss personally and very deeply. He liked a man with the courage of his convictions: he liked a man who would fight, and like a great many more he was perfectly willing to be governed by him in opinion, because Dr. Bayes always seemed able to carry his views into effect. Now, as to the future of the School, it was absolutely necessary that they should work harmoniously. The homœopaths were a small body, and the difficulties homœopathy had to encounter were as great as ever they were. It was as difficult as ever for a young man to take up the practice of homœopathy. He was not in a position to give an opinion on the proposals which were to be submitted to that meeting, but they seemed to be pretty much alike. It appeared that what he might call the joint stock scheme was to be abandoned; but they should all be as one in the endeavour to promote the advancement of homœopathy. He held it to be the only true medical science, and, though now a matter of little personal concern what of life was left to him he would gladly devote, as feeling an interest in the welfare of his kind, and also from that patriotic feeling which everyone had, to help on its progress. And whatever proposition they might at that meeting decide to adopt and carry out, for Heaven's sake let them be unanimous, and thus present, in the furtherance of their views, not only a bold, but a united front. (Cheers).

The Honorary Secretary (Dr. Pope) then read the following Annual Report of the Committee of Management, including a letter from La Société Médicale Homœopathique de France.

"In presenting their Report for the past year, the committee have, in the first place, to express their deep regret at the irreparable loss sustained by the School through the death of its Vice-President, its Founder and ever energetic supporter, Dr. William Bayes. At a meeting held shortly after he so suddenly passed away, the committee unanimously adopted a resolution expressing their sympathy with Mrs. Bayes and their deep sense of the eminent services Dr. Bayes had rendered to homœopathy and to this institution, which is so much indebted to him for his fostering care.

"In January of this year, a letter was received from the Société Médicale Homœopathique de France, sympathising with the supporters of the School on this melancholy occasion, and at the

same time bearing testimony to the invaluable services Dr. Bayes had in various ways rendered to homœopathy, and the high esteem in which he was held by his medical brethren in France.

"During the winter session of 1881-82, and during the summer of 1882, the classes were fairly attended. The average number present during each lecture throughout the winter being nine, and in the summer seven.

"The winter session, 1882-83, was opened by the delivery of the Hahnemann Lecture by Dr. Dudgeon—an eloquent and brilliant discourse which has since been published by the School, and distributed among the subscribers.

"The session opened with an entry of only five students, whose attendance, it is much to be regretted, has been but irregular.

"The report of the sub-committee appointed at the last annual meeting, to make enquiries as to the best means of securing the incorporation of the School, was adopted at a special meeting held on the 26th of October. This report recommended that application should be made to the secretary of the Board of Trade for a charter of incorporation under the Companies' Acts, 1867. The resolution adopting the report, having left the date when application should be made to the discretion of your committee, the presentation of it was delayed until arrangements could be entered into which would enable the committee to make it with some prospect of success. Meanwhile considerable opposition was raised to carrying the resolution into effect, and the financial condition of the School also rendered further postponement desirable. Accordingly, at a meeting of the committee, held on the 29th of December, it was resolved to delay application until the general body of the subscribers had had another opportunity of considering the question. A resolution on the subject will therefore be proposed at this meeting.

"In the event of the governors and subscribers not being disposed to pursue this matter any further, and it being of great importance that the future government of the School should be placed upon a basis which, while preserving its integrity, and securing the application of its property to the objects for which the money was subscribed, should meet with the greatest amount of approval and support from all who are really desirous of promoting the work of diffusing a knowledge of homœopathy among the members of the medical profession, and therefore rendering any further modification of the plan which may be agreed upon unnecessary for some years to come, the two following proposals have been submitted to all homœopathic practitioners who have at any time manifested an interest in the School by subscribing to its funds.

PROPOSAL No. 1.

"1. That the invested funds of the School shall in future stand in the name of the trustees of the London Homœopathic Hospital.

"2. That the money so held shall be designated the 'Bayes School Fund;' and shall be applied solely to the public teaching of homœopathy.

"3. That the management of the School shall be entrusted to the board of management of the London Homœopathic Hospital, assisted by an honorary secretary, to be elected by the subscribers to the School funds.

"4. That the title London School of Homœopathy shall be abandoned, and that the institution so known at the present time shall henceforth form a part of that originally described as the London Homœopathic Hospital and Medical School.

"5. That the present lecturers shall continue in office during 1883 and 1884, and that all future lecturers shall be appointed by the subscribers to the School funds; such appointments being made subject to confirmation by the board of management of the Hospital.

"6. That in the event of the operations of the School being suspended from any cause whatsoever, the income derived from the Bayes School Fund shall be devoted to the general purposes of the Hospital, preference being given in its expenditure to such purposes as may be regarded as educational.

"7. That the principal shall remain intact, and be used only for the establishment or assistance of a School for the teaching of homœopathy, at the discretion of the Hospital authorities for the time being.

"8. In order that this scheme may be carried out, it will be necessary to obtain the sanction of the governors of the Hospital at their ensuing annual meeting to the alteration of Law XXXVI., section 2, in such a manner as to except the lecturers from being appointed by the governors of the *Hospital;* and of Law XLVIII., so as to place their election in the hands of the subscribers to the School, subject to the *veto* of the board of management of the Hospital."

PROPOSAL No. 2.

"1. That the School shall continue to be known by the title agreed upon at the congress held in Liverpool in 1877.

"2. That the funds possessed by the School shall be invested in the names of trustees appointed by the governors and subscribers, and shall be kept separate and distinct from those of the London Homœopathic Hospital.

"3. That an executive committee shall take charge of the

finances, superintend the working details of the School, and see that the regulations of the institution are duly enforced.

"4. That for any business of a special character, for the election of officers, and annually to receive a report, the committee shall call general meetings of the governors and subscribers.

"5. That the election of the executive committee, of trustees, and of all officers whatsoever shall rest with the governors and subscribers.

"6. That such governors and subscribers shall consist of life governors who have been or may be donors of £10 or upwards; governors during five years being donors of £5, and annual governors being subscribers of £1.

"7. That in order to secure simplicity in management and facilities for working, as well as to ensure that cordial co-operation in the work of education in homœopathy between the School and the Hospital which has ever been desired by the supporters of the School, the governors and subscribers be advised to request the members of the board of management of the Hospital to undertake the duties of an executive committee in regard to the School, but in such a manner as shall prevent them from infringing or from running the risk of appearing to infringe on any rule of the Hospital.

"8. That it is recommended that the chairman of the board of management of the Hospital be elected president of the School; the treasurer of the Hospital, treasurer of the School; the secretary of the Hospital, secretary of the School."

During the year the following gentlemen were added to the list of Governors:—Dr. Torry Anderson, Dr. G. H. Clarke, Dr. Goldsborough, Dr. Jagielski, Dr. Byres Moir, Mr. Noble, Dr. C. C. Tuckey, Mr. H. T. Wood.

Dr. Dudgeon, Dr. E. T. Blake, and Dr. Cash having renewed their subscriptions, have been replaced on the list of Governors.

H. Blumberg, Esq., M.D., J.P., of Southport, has been appointed the Hahnemann Lecturer for 1883.

From the financial statement appended to this report, it appears that the subscriptions compare unfavourably with those of last year, showing a falling off of £199 8s. 0d. The donations, on the other hand, are £35 4s. 6d. in excess of those of 1881. The revenue account, which on the 1st January, 1882, showed a deficiency of only £84 8s. 0d., now displays a debit balance of £156 8s. 5d. On the other hand, the expenditure of 1882 has been less by £49 11s. 4d. than it was in 1881, and this, notwithstanding some of the expenses incurred in connection with the promotion of the scheme for the incorporation of the School.

The total invested property of the School is valued at £1,698 14s. 0d.; the fittings, furniture, library, and museum, at £117 6s. 0d.; and at the date when the accounts were audited, the balance at the bank and in hand amounted to £27 4s. 11d.

During the three months, ending March 31st, which have elapsed of the current year, £84 19s. 4d. has been received from subscriptions, donations, and dividend, while the accounts at present outstanding amount to £177 8s. 10d. To meet these liabilities and to provide for coming expenses it will be necessary to dispose of stock to the value of £200.

The following translation of the letter referred to in the report was read by the honorary secretary:—

"To Dr. Pope, secretary of the London School of Homœopathy.

"Sir and honoured colleague.—It is with much grief that the Société Medicale Homœopathique de France has heard of the sudden death of Dr. Bayes, prematurely removed from the science and London School of Homœopathy, to which he devoted all his energy and perseverance.

"You who have witnessed the work he went through, know better than any others can do, how to estimate the part he took in establishing the first School in Europe in which the teaching of our doctrine has been conducted in a regular and systematic manner. Hence, we think, honoured colleague, that we are unable to measure his work as accurately as you can who have co-operated with him in an enterprise at once so useful and so glorious.

"We pray you then to express our sympathy with the London School of Homœopathy and the great body of homœopathic physicians in England, who will long remember the skilful practitioner and ingenious writer of whom they were so proud, and also with the family, hitherto so happy and now so desolate, who always displayed so much hospitality to those amongst us who were called by various circumstances to England.

"Pray receive, Monsieur et très honoré confrère, the assurance of our sympathy and brotherly love.

"(Signed) le President, Dr. Partenay; le Vice-President, E. Gonnard; le Second Vice-President, L. Molin; le Secretaire Générale, Dr. Claude; le Secretaire des Procès Verbaux, Dr. Gabalda; le Tresorier, Dr. Rochès; l'Archiviste, Dr. Bon.

"Paris, 15th December, 1882."

Lord Ebury then proposed that the report be adopted, printed, and circulated in the usual way.

Major Vaughan-Morgan having seconded the proposition, it was carried unanimously.

Major Vaughan-Morgan then proposed that the application for the incorporation of the School be adjourned *sine die*, and said that although the report just read, which had referred to the various schemes for the re-organisation of the School, which would now be submitted to them, it would not be necessary to go into the details leading to the proposition he rose to make, unless it were wished.

Dr. Dudgeon seconded the motion, which was carried *nem. con.*

The meeting then proceeded to the consideration of the various schemes for reorganising the institution.

Dr. Pope said that when at the last meeting it was agreed to postpone the application for incorporation, it was decided that whatever else was done should, as far as possible, be done with the consent of all. He had, therefore, studied the records of every meeting of the School, every letter, and every paper written regarding it since its foundation until that day, in order to ascertain the views and opinions of all who had taken a part in the School or its meetings. From that investigation he had framed, as representing the opinions of the majority, proposal No. 2, which had been sent along with the first proposal to every medical man who had at any time taken any interest in the School. In each case in which these alternative propositions had been sent he had asked an expression of opinion for the guidance of the committee of management and the governors. The first proposal had 14 supporters, and the second 18.

Major Vaughan-Morgan said there was not very much difference between the two proposals, and he thought it was very likely they would be able to be unanimous. As long as Dr. Bayes was at the head of things, he was quite prepared to support every proposition which he had brought forward. Dr. Bayes had inaugurated the School, had founded it, and had personally collected all the monies. But all the circumstances were altered by his death. At the time of its occurrence he was fortunately at Brighton, and was therefore able to represent the School at his funeral, and, seeing how completely that much regretted event altered the complexion of affairs, he drew up a scheme for the future direction of the School. He had had every opportunity of ascertaining the feelings of those interested in it, and had every hope that this scheme which he begged to submit to this meeting, would meet the support of Dr. Pope and all who advocated his second scheme. The scheme he submitted was as follows:

"1. That the title of the London School of Homœopathy be altered to that of the London Homœopathic Hospital Medical School, thereby reverting to the original title of the London Homœopathic Hospital and Medical School.

"2. The present lecturers to continue in office during 1883. Future lecturers to be elected by the subscribers to the School, subject to the confirmation of the board of management.

"3. The management of the School to be undertaken by the board of management, as a part of its general duties.

"4. An honorary secretary to be appointed by the School to assist the board and be a means of communication with the subscribers.

"5. That the reserve fund of the School (about £1,500) be invested in the names of the Hospital Trustees, but be kept quite distinct from the reserve fund of that institution, and be named the 'Bayes School Fund.'

"6. That the proceeds of this fund be devoted exclusively to the Medical School, including the provision of the Hahnemann oration and other educational purposes, and if, from any cause, the operations of the School shall be suspended, the income only of the 'Bayes School Fund' may be expended for the temporary endowment of a 'Bayes Bed'; the principal to remain intact, and only to be used for the establishment or assistance of a School.

"7. That governors and subscribers shall consist of life governors who have been or may be donors of £10 and upwards; governors during five years being donors of £5, and annual governors being subscribers of £1."

Major Vaughan-Morgan then proposed that this scheme should be discussed paragraph by paragraph.

Dr. Dudgeon said that before the meeting took the proposition piece by piece, he would like to lay before them an alternative differing from Dr. Pope's scheme and that of Major Vaughan-Morgan. It was a communication which he had received from some medical gentlemen at Liverpool to be ventilated at that meeting. Neither in Dr. Pope's scheme, nor Major Vaughan-Morgan's was there any mention of any alteration in the character of the School and of its functions. The following proposal which he begged to submit to the meeting dealt not only with the School, but with its work and functions.

"As there is no present prospect of the London School of Homœopathy being carried on as a complete medical school capable of licensing to practise, and as the use of its funds for the ordinary expenses of the London Homœopathic Hospital would be contrary to the purpose for which those funds were subscribed, we, the undersigned, agree to the following resolution: 'That the title of the London School of Homœopathy be abandoned, and that the funds belonging to it be applied to the endowment (for ten years) of a chair of or lectureship on Materia Medica, the appointment to which shall be vested in the board of management of the London Homœopathic Hospital, assisted by

an honorary secretary, to be elected by the subscribers to the School funds. Provided that recognition of these lectures be obtained from one or more of the licensing bodies, or that persistent efforts be made annually to obtain that recognition.'

"(Signed) J. Drysdale, S. H. Blake, A. S. Rowbotham, John W. Hayward, John D. Hayward, Alfred E. Drysdale, John Moore, Thomas Simpson."

The object was that the chair thus to be endowed should be recognised as part of the curriculum of a medical education. Now, since the foundation of the School, its title as well as other parts of its organisation had been the subject of, he would not say long and acrimonious, but of lively discussion. What was now proposed was, that we should establish lectures on Materia Medica which should be recognised as part of the ordinary curriculum. He would bring before the present meeting the suggestion that it would be as well not to come to any conclusion here to-day, but to postpone the deliberations until the matter could be well ventilated in the homœopathic periodicals. There was no necessity, it seemed to him, for hurry in coming to a decision, and this scheme might be made to accord with that of Dr. Pope or Major Vaughan-Morgan.

Major Vaughan-Morgan said that perhaps some other member of the School might have something to say upon this proposition, but before that he would like to ask who was to make the persistent efforts spoken of in the scheme read by Dr. Dudgeon? It was not the first time persistent efforts had been talked of. And they had been fruitless. Who was to make the persistent efforts? The Liverpool medical men were not going to make them, and he was not disposed to make persistent efforts, which could not be successful. But he would point out that the scheme he had submitted was in no way antagonistic to that brought forward by Dr. Dudgeon. All that Dr. Dudgeon's memorandum suggested could be carried out as well under the scheme he had proposed as if that memorandum were adopted. It would simply be a matter for the board of management of the Hospital.

Dr. Pope said the object of the manifesto from the Liverpool practitioners—to get lectures on Materia Medica from a homœopathic standpoint recognised—was utterly impracticable and thoroughly impossible. And even if lectures on homœopathic Materia Medica were recognised, no man in his senses who was going for examination would take a certificate of his studies in Materia Medica, bearing the signature of a homœopath, to any one of the examining boards.

Major Vaughan-Morgan said he hoped Dr. Dudgeon saw that nothing in the scheme he had submitted was contrary to his (Major Morgan's) plan, while the latter had this advantage that the School would always exist as a part of the Hospital.

Dr. DUDGEON said there was a most important point in which the Liverpool scheme differed from Major Vaughan-Morgan's, which proposed to apply the proceeds of the reserve fund of the School to the purposes of the Hospital.

MAJOR VAUGHAN-MORGAN: No. I have specially avoided that.

MAJOR VAUGHAN-MORGAN then submitted his scheme, paragraph by parapraph, and proposed the first paragraph.

"1. That the title of the London School of Homœopathy be altered to that of the London Homœopathic Hospital Medical School, thereby reverting to the original title of the London Homœopathic Hospital and Medical School."

This was seconded by Dr. HUGHES, who pointed out that there were two things mainly to be considered by that meeting, the first was the question of the future management, and the second was the future field of action of the School. Major Vaughan-Morgan's proposition dealt solely with the first, the Liverpool scheme dealt solely with the second. It was always the idea of Dr. Bayes that the School should be associated with the Hospital, and some time ago at the Society he expressed an idea quite favourable to the present proposal.

Dr. DUDGEON said that at the original institution of the School it was strongly objected to have the School directly connected with the Hospital, and under those circumstances it would be necessary to consider Major Vaughan-Morgan's proposition very carefully, especially as it came upon them by surprise. The School should not, he thought, be called the London Homœopathic Hospital Medical School, but if the amalgamation were made at all, it should be as the London Homœopathic Hospital *and* Medical School.

MAJOR VAUGHAN-MORGAN said that exactly expressed the intention of his first paragraph.

Dr. POPE said that in his second proposal he provided that the School should continue to be known by the title which it was agreed at Liverpool in 1877 that it should hold. He had had some fear that the amalgamation of the School with the Hospital would bring the appointment of lecturers in subordination to the fundamental law of the Hospital respecting the appointment of its medical officers; but he had ascertained that that law could only refer to the medical officers of the Hospital, and could not be construed to refer to the lecturers in the School.

The CHAIRMAN then put Article No. 1 of Major Vaughan-Morgan's proposal, which was carried.

MAJOR VAUGHAN-MORGAN then proposed Article No. 2.

"The present lecturers to continue in office during 1883. Further lecturers to be elected by the subscribers to the School, subject to the confirmation of the Board of Management."

This being seconded by LORD EBURY, was carried *nem. con.*

Major Vaughan-Morgan then proposed Article No. 3.

"The management of the School to be undertaken by the board of the Hospital as a part of its general duties."

Which was seconded by Mr. Pite and carried.

Major Vaughan-Morgan then proposed Article No. 4.

"An honorary secretary to be appointed by the School to assist the board and be a means of communication with the subscribers."

Lord Ebury having seconded the motion, Dr. Hughes proposed an amendment, not, he said, in any way conflicting with the proposition. No Medical School had such an officer as an honorary secretary. The post was altogether anomalous, and he should propose that the School should appoint a dean, who should perform the functions of honorary secretary, librarian, curator, and all the administrative functions, and who should be the recognised instructor for the School. The general tendency of medical education was towards tutorial as distinguished from professorial, and the appointment of a dean would create an officer who might always be relied upon to see students, give them instruction, and answer their queries. His idea was that the post be entrusted to one of the medical staff of the Hospital, who would be "Dean of the Medical School," and appointed in the same way as the lecturers.

Major Vaughan-Morgan said that his plan provided for all the administrative work of the School. The board of the Hospital would be the board of the School, the secretary of the Hospital would be the secretary of the School, and the two institutions be entirely one so far as the lay officers were concerned.

Dr. Hughes said that his proposition was mainly that the future instruction of the School should be tutorial instead of professorial. Still, if it was a mere matter of names, perhaps an honorary secretary would do as well as a dean.

Dr. Dudgeon thought the strong point of Dr. Hughes's proposition was that it would assimilate the School to other medical schools which had their dean.

Major Vaughan-Morgan asked if Dr. Hughes had any person whom he could propose as dean.

Dr. Hughes: The present honorary secretary.

Major Vaughan-Morgan: Dr. Pope has resigned.

Dr. Hughes asked permission to withdraw his amendment for the present. Later on he would bring it forward, and would then be able to lay before the meeting considerations which would enable them to vote on it more intelligently.

Article No. 4 of Major Vaughan-Morgan's proposition was then put and carried.

Major Vaughan-Morgan then proposed Article No. 5.

"That the reserve fund of the School (about £1,500) be invested in the names of the Hospital Trustees, but be kept quite

distinct from the reserve fund of that institution and be named the 'Bayes School Fund.'"

He said that was merely a transfer.

Lord Ebury seconded the proposition which was then carried.

Major Vaughan-Morgan then proposed Article No. 6.

"That the proceeds of this fund be devoted exclusively to the Medical School, including the provision of the Hahnemannian Oration and other educational purposes, and if from any cause the operations of the School shall be suspended, the income only of the "Bayes School Fund" may be expended for the temporary endowment of a "Bayes Bed," the principal to remain intact, and only to be used for the establishment or assistance of a School."

Dr. Dudgeon said he objected to that. The funds of the School were given exclusively for the School, and he did not see that the interest should not be accumulated by the School instead of being expended in the way proposed.

Dr. Pope urged that all the annual expenses would be met by the income from and drafts on the reserve fund for seven years, while with subscriptions, their funds would last fifteen years, and he did not see that anything else could properly be done with money which had been given for educational purposes, than to spend it on those purposes till it was all gone, whether it were principal, interest, or subscriptions. Their expenses last year amounted to £475. If from this were deducted £250 for salaries, which would not be drawn in the future if subscriptions sufficient did not come in, there would be sufficient. They had an income of £40 per annum from invested capital. They would probably receive £50 or £60 per annum from subscriptions.

Dr. Dyce Brown said the proposition was that the income of the reserve fund should go to maintain the School. But suppose that was not enough, what was to be done? Would the trustees feel at liberty to sell out for maintenance? He should propose that the trustees should have powers to trench upon the School funds for expenditure, and by that process that the School be kept going. Up to last year there had been a steady average of seven students. After the average had kept in this way for five or six years, suddenly it dropped to next to none. This should, in his opinion, be looked upon as an accident. If the number of the attendance was only two, in his opinion, the School ought to be kept going, and the necessary funds to meet the expenditure taken out of the capital. He would propose that advertising be freely carried out, and then if there were no students for two years then that means be taken to utilise the funds for the purposes described by Major Vaughan-Morgan. For his own part he would willingly continue his lectures without remuneration. But he would like to see the School work continued as long as possible.

Major Vaughan-Morgan asked what was to be done supposing that the School was at a standstill? Short of that contingency, the article under discussion specially met the views of Dr. Dyce Brown. The funds were only to be used for the purposes of the School. But if the medical men show no interest in the matter, a serious consideration falls upon the holders of the money, as to what was to be done with it. He would also remind Dr. Dyce Brown that this money was placed in the hands of the present trustees by the School under Dr. Bayes, and as holders of that trust, it was for them to consider very seriously how propositions affected the future of that fund. Dr. Dyce Brown's views were entirely met by Article No. 6.

Mr. Pite said, that as one of the trustees, his great anxiety and his first duty was to take care of the money. His next was to make it as far as possible a permanent fund, and not to let it slip through their fingers. It was, of course, the duty of a trustee to hear the views of the constituency, but he certainly should not advise his colleagues to sanction anything which would involve the loss of an adequate return.

Dr. Pope pointed out that the interest only was to be used in the way suggested by Major Vaughan-Morgan, in the event of its being necessary to suspend the operations of the School.

Major Vaughan-Morgan said his idea was that in case there should be no School practically on which the interest could be spent, the trustees ought to have power to apply the interest to some useful purpose connected with the School, and with the memory of Dr. Bayes. So long as the School existed the interest would be spent for the School; but if it stopped, he did not want this fund, like many other funds now in Chancery, to be so hedged in that nobody had the right to do anything with it.

Dr. Tuckey asked whether the interest of the money would not be sufficient, with the annual subscriptions, to keep the School going.

Major Vaughan-Morgan said his only aim was to provide a good use of the money in the event of there being no School at all.

Article No. 6 of Major Vaughan-Morgan's scheme was then put and carried.

Dr. Hughes then said that he sympathised very strongly with Dr. Dyce Brown's views. But, on the other hand, there was little use in two lecturers being maintained to come to lecture to two students. Not that he would not himself lecture under these circumstances: he would. But it seemed to him to open up the question of the advantage of the tutorial system as compared with professorial. It was all very well to invite students to attend lectures, but they said very truly that they could read all that the lectures could teach them at home. Now he would

urge the desirability of adopting the tutorial system. Let the lectures be continued, if there was a proper number of students, but if not then let the instruction be tutorial. This solved the financial difficulty, and under this system the office of the dean should be to attend regularly, to see all enquirers and students, to answer all questions, and to solve all their difficulties. The appointment of such an officer would secure the continuity of the School,—it could never lapse so long as his office continued, and thus many difficulties would be obviated.

Dr. Pope doubted whether the end of a meeting was the right time to bring forward a proposition requiring a large amount of thought and consideration. It was a pity Dr. Hughes had not formulated his views and published them so that the constituency might have been prepared with opinions. He would not hastily advocate a change of that kind at present.

The amendment that a dean be instituted instead of an honorary secretary was then seconded by Dr. Dudgeon, and put to the meeting.

For the Amendment	...	...	4
Against ...	...	...	7
Majority ...	...	...	3

Dr. Cooper then proposed that Dr. Tuckey should be elected honorary secretary.

The proposition was seconded by Dr. Blackley and carried.

Dr. Tuckey said he would be very happy to act in that capacity.

Major Vaughan-Morgan then proposed Article No. 7.

"That governors and subscribers shall consist of life governors who have been or may be donors of £10 or upwards; governors during five years being donors of £5, and annual governors being subscribers of £1."

The Article being seconded was carried.

A vote of thanks to Lord Ebury for his kindness in presiding was then carried with acclamation.

THIRD ANNUAL REPORT OF THE HASTINGS AND ST. LEONARDS HOMŒOPATHIC DISPENSARY.

This Report, which should have been published in our last number, was somewhat delayed in reaching us. The results of the year's work are most satisfactory, and must be most gratifying to the Honorary Medical Officers Dr. Croucher and Mr. Knox Shaw. We notice particularly the increase in the number of attendances, being 1,258 more than last year. The

following extract from the Report will give our readers some idea of the usefulness of this dispensary :—

"The number of patients presenting themselves for treatment has increased from 389 in 1880, and 552 in 1881, to 636 in 1882. The number of attendances recorded is 5,458, being an increase of 1,258 upon last year, and making an average weekly attendance of nearly 105 patients. The attendances in the past two years have been as follows :—1880, 2,681 ; 1881, 4,200. The ophthalmic department also shows a large increase in the number of patients applying for relief, the number of those suffering from diseases of the eye having increased from 69 in 1880, and 111 in 1881, to 222 in 1882. During the past year, the committee, after consultation with their medical officers, have issued to the subscribers home visiting tickets, for the use of those poor who may be too ill to attend at the dispensary ; and they feel that, by this step, they are very considerably extending the benefits of the institution. Of these tickets, 58 have been supplied to patients, and 460 visits have been paid to them at their homes. The committee have, through the kindness of Mr. P. Phillip, L.D.S., been enabled to open the dispensary one day a week for the attendance of patients requiring the aid of the dentist. Owing to the growing demands upon the accommodation required by those attending the dispensary, the committee have had under consideration the advisability of removing to larger rooms. This is now, however, a necessity, as the present premises are required at midsummer by the lessors. The committee acknowledge with thankfulness the continued help granted from the Hospital Sunday Fund, and tender their sincere thanks to the distributors of that fund, and to those subscribers and donors who have so kindly aided them in their work during the past year. They trust that the same liberal assistance may be granted to them during the ensuing year. They desire again to acknowledge their indebtedness to their medical officers, who have continued to give their valuable services to the dispensary throughout another year, and to Mr. Phillip for his services as dentist."

REVIEWS.

The Nursery Card. James Epps & Co. London.

This card has been designed by Messrs. Epps & Co., to be hung up in a prominent place in the nursery. On it are set forth the various emergencies which may possibly occur amongst children, and the proper thing to be done at once, whilst the medical man is being sent for. Capt. Shaw, speaking of fires, says : "the first five minutes" is the most important. So if this handy card will enable a mother or nurse to get the "first five minutes'" start, it will amply fulfil its mission.

Disease and Putrescent Air. By THOMAS ROWAN, Cons. Engineer. E. & F. N, Spon. Charing Cross.

WE have read this little brochure with genuine pleasure, for it puts a great deal of information in a small compass, about a subject of vital importance. It is not an exaggeration to say, that scarcely one house in a hundred has its drains properly ventilated. Mr. Rowan's pamphlet enables any one of average intelligence to see just how and why drains are defective, and traps inefficient. Traps, without ventilation of the sewers and house drains, become "traps" in name and nature, permitting the leakage of sewer gas into a house, often when the tenant has fancied everything quite safe and air-tight. Mr. Rowan deals with the ventilation of public sewers in an able manner, and is even bold enough to propose a scheme for the ventilation of that largest of all sewers, the Metropolitan Railway. In common with many authorities, he predicts the utter failure of "blow holes" on the Embankment. The book is well worth reading, being written in a plain and readable manner, and illustrated by diagrams and woodcuts.

NOTABILIA.

THE MEDICO-ETHICAL CODE OF NEW YORK.

IN the United States of America medical organisation commences with county societies; these again form State societies, and the State societies constitute the American Medical Association. This last body undertakes to dictate rules of conduct to the entire profession. Some years ago a code of ethics was published by this association, and all State societies were commanded to submit to its authority on pain of expulsion. Like similar documents here, this had for its chief object the denunciation of homœopaths, their exclusion from professional association, and the denial to them of professional courtesies. It was with such ends in view that the Manchester Medico-Ethical Society, and a host of similar bodies, were established amongst us in 1851, and during the ensuing few years. The rule of the American code on the question of consultation was extremely stringent, and like all bondage, has of late years become unendurable, especially in cities like New York, where homœopathic practitioners are numerous, and their patients the wealthiest section of the citizens. The specialists were by this code cut off from a large share of consultation practice, while they were rapidly witnessing the success of homœopathists, who were also engaged in special branches of practice. Hence it became almost a necessity to the

surgeons, gynæcologists, ophthalmologists, aurists and others that they should be able to secure a portion of the consultation practice from homœopathic physicians. This they could only do by altering the code so far as New York State was concerned. Accordingly in February, 1881, a "new code," permitting consultations with homœopaths, was adopted by a considerable majority. When the American Medical Association met in the summer, the delegates from the New York State Society were voted outside the pale on the ground that their society had altered the code.

From that day forward an earnest struggle to repeal the code has been going forward. In January last the New York County Society refused to make any change by 147 votes against 90. A week afterwards the State Society met, and delegates from all the counties were present. A resolution, prefaced by a couple of long drawn-out "whereas's," introduced by Dr. E. R. Squibb, of New York, proposed "that all action taken at the annual meeting of 1881, in regard to changing the code of ethics, be repealed."

At the evening session the hall was densely crowded with an eager array of delegates, and an audience comprising nearly every physician in Albany and the vicinity. Dr. Hutchins called the meeting to order, after which Dr. Squibb, of New York, read the preamble and resolution referred to, and presented a detailed explanation of the same. He advocated only the repeal of th new code and a return to the old.

Dr. Elsberg moved that when the committee report they stat that the resolutions were not accepted, which motion was, after much debate, declared lost.

Dr. Roosa, of New York, then rose and addressed the chair in an eloquent and dignified appeal in behalf of the new code of ethics. He referred, respectfully, to the arguments of the gentleman who presented the resolution, and insisted that the effect of their adoption would be to disintegrate the State Society and scatter it to the wind. He denied that the State Society was under any obligation to consult with the American Association before making changes in its bye-laws. Nothing but fraternal allegiance existed between the two bodies, and the society had only subscribed to the tenets of the association for a time. All advances in the world are made by revolutions, and these can only be successful when they represent the voice of the people. The speaker decried the system of sending instructed delegates to the convention, and characterised all such instructions as unjust and invalid in the extreme. He held up to inspection the objections raised to the new code of ethics, and proclaimed it a God-given right to give advice to any human being in distress, be the same a homœopath, a regular or

a Modoc. The question was not one of drugs or drugging, but of man's rights and duties. Dr. Roosa insisted that the society had done a wise and laudable deed in adopting the code as they did, and closed his address amid a burst of applause.

Dr. Piffard, of New York, followed with some spirited remarks, well calculated to present the subject fairly to the members. He also claimed that the code was only a bye-law of the society, and therefore liable to be outgrown and changed. The action of the various County societies was referred to and strongly arraigned, the speaker holding that they were amenable to the laws of the society, and not it to their wishes.

Dr. Hopkins, of Erie, then rose and gave an extended history of the State Society, holding that it was formed because the people believed it would be for their benefit to have such an organisation. He said the question under debate resolved itself merely into a question of how far the society was capable of self-government. The society, said he, exists by the will of the people, for the good of the people, and not otherwise.

Dr. Didama, of Syracuse, arose and spoke briefly of the old code "under which we have been so long living and prospering." It was adopted as a condition of having representation in the American Association, and the speaker claimed its repeal was not in accordance with the general opinion of the members. He denounced the derisive remarks previously made, and said he was in accord with those who did not want to be cut off from the grand old code.

Dr. Rochester, of Monroe, next addressed the meeting in opposition to the new code, and claimed that no such consultation as therein advised could be had without degradation to himself and colleagues. He was followed by Dr. Gourlay, of New York, who spoke briefly and moved that a vote be cast for the repeal of the new code. A heated debate here ensued, during which the cries of the excited members completely drowned the sound of the chairman's raps to order. When quiet was finally restored considerable time was lost by the offering of amendments and the decision of various points of order. The discussion was then continued by Drs. Vanderpoel, of Albany, Agnew, of New York, and Howe, of Buffalo, the last of whom tried to offer a further resolution in the hope, as he said, of casting oil on the troubled waters. Another scene of disorder instantly arose, after which Dr. Seymour, of Troy, gained the floor, and made a red-hot address in favour of the old code and in defiance of all innovations. The speaker was repeatedly interrupted with cheers from the one side and derisive laughter from the other. He was followed by Dr. Hutchins, of Brooklyn, also in favour of the repeal of the new idea. Further discussion was shut off by a motion by Dr. Vanderpoel that the committee rise and report

progress. Dr. Jewett then took the chair, and Dr. Hutchins reported that the committee were ready. Dr. Roosa called for the ayes and nays on Dr. Squibb's resolution. After some sharp parliamentary practice the roll was called, and the resolution declared defeated by a vote of ayes 99, nays 105.

Dr. Roosa then offered the following, which was, on motion of Dr. Wey, of Elmira, laid on the table for one year:

"The Medical Society of the State of New York, in view of the apparent sentiment of the profession connected with it, hereby adopt the following declaration, to take the place of the formal code of ethics, which has, up to this time, been the standard of the profession of the State.

"With no idea of lowering, in any manner, the standard of right and honour in the relation of physicians to the public and to each other, but, on the contrary, in the belief that a larger amount of discretion and liberty in individual action, and the abolition of detailed and specific rules, will elevate the ethics of the profession, the medical profession of the State of New York, as here represented, hereby resolve and declare that the only ethical offences for which they claim and promise to exercise the right of discipline are those comprehended under the commission of acts unworthy a physician and a gentleman.

"*Resolved*, Also, that we enjoin the County societies and other organisations in affiliation with us, that they strictly enforce the requirements of this code."

This ends the controversy for the present. Doubtless it will be resumed next year.

HOMŒOPATHY IN BOSTON.

A few weeks ago, a Committee, appointed by the Massachusetts State Homœopathic Medical Society, presented a petition to the Executive Committee of the two Houses of Legislature of the State, requesting the appropriation of £40,000 of the State funds to the erection and maintenance of a State lunatic asylum, to be under the control of homœopathic practitioners. Dr. Talbot was the spokesman on the occasion, and presented a striking array of facts and figures, showing the large proportion of the citizens of the State who preferred homœopathic treatment when ill. The Committee, eleven in number, were unanimously in favour of making the desired arrangements. Dr. Talbot and his friends were instructed by them to examine a large building in the neighbourhood of Boston, and to report on its suitability. This, we understand, is splendidly situated, and is capable, when remodelled, of being made one of the finest asylums in the State.

The homœopathic hospital in connection with the medical school of the University is about to be enlarged, at an expense of

£10,000, all which has been received with the exception of £1,000, which has, however, been promised. The completion of the subscription list was announced at a "reception," held at the Vendome, in Boston, where upwards of three hundred ladies and gentlemen were present, and were entertained by vocal and instrumental music, speeches, &c. When the announcement was made that the funds needed for the hospital extension had been obtained, the supporters of the institution were reminded that, however great might be their pleasure at this information, it carried with it increased responsibilities and greater expenses, which must be met. This is the spirit in which all great successes ought ever to be welcomed. We should not, on such an occasion stop and be satisfied—not rest and be thankful—but show our gratitude by endeavouring all the more earnestly to achieve still greater results. The reception added £100 to the resources of the hospital. Extensive alterations are also contemplated in the medical school of the University, we believe, which will involve the collection and outlay of a large sum of money, and we have not a doubt but that it will be obtained. Everything necessary can be had where a number of energetic men are united in the determination to have it, and our medical brethren in Boston are determined to have everything necessary to the fullest possible development of homœopathy. When they meet with an obstacle they act on the principle urged by an old fox-hunter on a novice when approaching a stiffish fence—"Harden your heart," said he, "and go at it." When school facilities or hospital accommodation are required, they do not cackle about "sectarianism" or "distinctive appellations," but hardening their hearts against all compromises, all those insincere approaches which appear to have so much fascination for some of our friends at home, they "go right on" in their efforts to make as widely known and felt as is possible the great therapeutic truth for the fullest dissemination of which they are responsible. Would that we, in Old England, were as earnest in the fulfilment of our duty as are our colleagues in New England!

DR. SELDEN H. TALCOTT.

We regret to learn that our eminent colleague has had a severe illness, which caused his absence from duty for seven weeks. He is, however, now quite convalescent, and has returned to his post. The board of trustees of the New York State Homœopathic Asylum have offered him three months leave of absence, and we may possibly have the pleasure of a visit from him during the approaching summer. We believe this will be Dr. Talcott's first trip to Europe, and we trust that it will be a pleasant one. All who know him, and who appreciate the valuable work he is doing at Middletown, will unite with us in thankfulness that he has been spared to continue it.

HOMŒOPATHY IN BOMBAY.

We have frequently heard with pleasure of the progress homœopathy has made in public esteem in Calcutta, but seldom has any notice reached us of its extension in Bombay. The *Bombay Gazette*, however, of the 20th of January, gives a full report of an enthusiastic meeting held at the Alexandra Girls' English Institution in that city, on the evening of the 18th, having for its object the establishment of a Homœopathic Dispensary. It was presided over by Hon. Mr. Justice Kemball, who was supported by Sir W. Wedderburn, Bart., Col. Arthur Phelps, Mr. David Gostling, and a large number of influential native gentlemen. The value of homœopathy in the treatment of disease was expatiated upon, and illustrated by personal experience by Sir W. Wedderburn, and several speakers. A resolution to establish a charitable Homœopathic Dispensary having been passed, the various rules necessary to carry it into effect were discussed and settled. It was also decided to open the Dispensary at once, in the Kalbadevi Road, and the estimate of expenses for the first year was Rs. 6,000—or, at the present value of the rupee, about £500. Mr. Jamnadas Premchand, whose great success in practising homœopathy was very warmly spoken of, was appointed Medical Superintendent.

CAMOMILE TEA IN INFANTILE DIARRHŒA.

In the *Practitioner*, December, 1882, page 426, Dr. Christopher Elliott speaks strongly in favour of the use of camomile tea in infantile diarrhœa. The dose for infants under one year is 3 ss. to 3 j., and double that quantity for older children, given two or three times a day, or oftener. The *rationale* of the action is the power the drug possesses of subduing reflex excitability. This power belongs especially to the volatile oil contained in the flowers. A decapitated frog, previously fortified by a dose of oil, was not susceptible to the influence of strychnia, according to Grisan, who also calmed tetanic convulsions, due to strychnia, by camomile oil.

Hahnemann's experiments and researches on the physiological action of camomile were published in 1825. These showed that homœopathically prescribed—that is selected on the ground that the condition to be cured is *like* that it will produce in healthy persons—it would be remedial in infantile diarrhœa. No medicine has had a better sustained reputation amongst homœopathists in this common disorder, than camomile has had for more than fifty years. A few years back Dr. Sidney Ringer appropriated it without assigning any reason for doing so, or attempting any *rationale* of its action. *Ipecacuanha* cured

vomiting, we were once told, because of its "*tonic* action on the stomach." Dr. Elliott satisfies himself in prescribing small doses of a purgative in diarrhœa, because it is said to possess the power of "subduing reflex excitability." Will all drugs possessing this power cure infantile diarrhœa? If not, the question how camomile acts when it does so, remains to be solved. Meanwhile it is satisfactory to know that it does cure when the disorder is like one it will cause.

AN APPEAL FOR THE VENTILATION OF CHURCHES.

An American contemporary, *The Christian Weekly*, publishes the following effective, though not strictly grammatical or scientific, appeal to the sexton for the better ventilation of churches.

"O Sexton!
You shet 500 men women and children
speshily the latter, up in a tite place,
sum has bad breths, none of em aint too sweet,
sum is fevery, sum is scroflus, sum has bad teeth,
and sum haint none, and sum aint over clean;
and evry one of em brethes in and out and out and in
say 50 times a minnet, or 1 million and a half breths an hour:
Now how long will a cherch full of are last at that rate?
I ask you; say fifteen minnets, and then whats to be did?
"I put it to your konshens,
Are is the same to us as milk to babies,
or water is to fish, or pendulums to clox,
or roots and airbs unto an Injun doctor
or little pills unto an omepath,
or Boize to gurls. Are is for us to brethe.
what signifies who preaches ef I cant brethe?
Whats Pol? What Pollus to sinners who are ded?
Ded for want of breth?"

HOPEFUL ADMISSIONS.

Dr. R. O. Beard, of New York, has, we learn from the *New York Medical Times*, published an article in the *Popular Science Monthly* of that city, entitled "The Schools of Medicine." In the course of it, while maintaining that homœopathists have contributed little to medical knowledge outside of therapeutics, says: "In this one department of medical science, the profession has received at its hands an incalculable benefit. It claims, and for the most part rightly, the credit of advancing, directly or indirectly, the study of the *physiological action* of drugs, as related to the alleviation and cure of disease. The careful experiments thus set on foot have thrown a light upon the selection and intelligent use of remedies, which has largely revised the old system of therapeutics. Homœopathy has, undoubtedly, given

to the world the revelation of more than one valuable truth, and the profession and the people alike owe to it, in the persons of its advanced thinkers, the gratitude of respect and recognition."

And again referring to the action of the New York State Medical Society, the members of which have recently revised their code of "ethics," in such a way as to permit of their meeting homœopathic practitioners in consultation, he says: "It has but constituted itself the vanguard of a movement which will soon be followed by all liberal men in the profession, and must ere long sweep away those petty obstacles to the progress of medicine, which, causing the disunion of its disciples, have limited its usefulness, weakened its experimental conclusions, and brought upon it the popular reproach of disagreement."

THE TOOTHACHE MARTYR'S SOLILOQUY.

To have it out or not—that is the question,
Whether 'tis better for the jaws to suffer
The pangs and torments of an aching tooth,
Or to take steel against a host of troubles,
And, by extracting, end them? To pull—to tug—
No more; and by a tug to say we end
The toothache, and a thousand natural ills
The jaw is heir to—'tis a consummation
Devoutly to be wished. To pull—to tug—
To tug! perchance to break—ay, there's the rub;
For, in the wrench, what agonies may come
When we have half dislodged the stubborn foe,
Must give us pause. There's the respect
That makes an aching tooth of so long life;
For who would bear the whips and stings of pain,
The old wife's nostrum, dentists' contumely,
The pangs of hope deferred, kind sleep's delay,
When he himself might his quietus make
For one poor shilling? Who would fardels bear,
To groan and sink beneath a load of pain,
But that the dread of something lodged within,
The linen-twisted forceps, from whose pangs
No jaw at ease returns, puzzles the will
And makes it rather bear the ills it has
Than fly to others that it knows not of?
Thus dentists do make cowards of us all;
And thus the native hue of resolution
Is sicklied o'er with the pale cast of fear;
And many a one, whose courage seeks the door
With this regard, his footsteps turns away,
Scared at the name of dentist.

Student's Journal and Hospital Gazette.

"THE DISLIKE OF DOCTORS."

DY FLORENCE DIXIE assigns as a reason for her refusal to send
a medical man to see her after the recent attack made upon
r, "I dislike doctors." It would have been, in many ways,
se to call in the assistance of a trusted practitioner after such
uries as her ladyship is alleged to have received. We are not,
wever, interested in that matter so much as in the fact that
ere is such a feeling as "dislike of doctors." In part, doubt-
s, this feeling may arise from the recognition that "doctors"
nd very much in the same relation to the body and mind as
minister of religion occupies towards the conscience. A
dical man lifts up the veil and sees the psycho-physical being
hind it. Probably in a certain proportion of instances the
se of being known is not pleasant. The feeling that a fellow-
rtal possesses a deep insight into the actual condition of the
anism, and is able to form a clear and approximately full and
urate estimate of the character, may, in some instances, be
quieting, while in others it engenders that sort of self-con-
ousness on the part of the patients which is experienced by
rout penitents in the presence of their confessors, a feeling of
ngled trust and anxiety, of satisfaction and regret. We cannot
ieve that any other form of "dislike of doctors" than that
ny-phased feeling to which we have alluded can prevail. The
dical adviser, is, or ought to be, the best known and the most
cerely trusted of all the friends of his patient. His friendship
uld be even more thoroughly a sentiment of the inner life
n any other. It is in this light the lay public should view
ir family doctors, and in this esteem the practitioner should
1 to be held.—*The Lancet.*

SYMPTOMS.

ELEBRATED physician in town was recently the recipient of a
ter from a lady in the South asking medical advice, and giving
letailed account of her diseases. The letter was written on
eral sheets of foolscap paper very closely, and by actual
asurement contained four yards of symptoms for the doctor's
usal.—*The Boston Morning Journal.*

REMARKABLE ELECTRICAL DISCOVERY.

PLICATIONS of electricity are not only making rapid progress in
ry part of Europe, but also in the southern hemisphere.
are come, indeed, from Otago, New Zealand (says the *Times*),
ails of an invention as marvellous as any yet recorded in the
nals of electrical science. The Rev. Mr. Gilbert, of Christ

Church, in a recent address, told his audience that it was now proved to be possible to convey, by means of electricity, vibrations of light—not only to speak with your distant friend, but actually to see him. The electroscope—the name of the instrument which enables to do this—was the very latest scientific discovery, and to Dr. Guidrah, of Victoria, belonged the proud distinction of being its inventor and perfecter. Mr. Gilbert stated that a trial of this wonderful instrument had taken place at Melbourne, in the presence of some forty scientific and public men, and that it had been a great success. Sitting in a dark room, they saw projected on a large disc of white burnished metal the racecourse at Flemington, with its myriad of active beings. Minute details stood out with perfect fidelity to the original, and as they looked at the wonderful picture through binocular glasses, it was difficult to imagine that they were not actually on the course itself, and moving among those whose actions they could so completely scan.

THE EYE AND THE ELECTRIC LIGHT.

There is no doubt that staring at a powerful electric light is deleterious to the eyes. Most electric light engineers employ spectacles of blue or neutral-tinted glass to examine the arc by. The cause of the damage done to the sight is generally attributed to the intense brilliancy of the light dazzling the optic; but recent experiments by M. Chardonnet brought before the French Academy of Sciences, show that the excess of extra violet rays may have something to do with it. He finds that the crystalline lens of the eye absorbs the ultra-violet rays of light, and that persons who have had it removed in operations for cataract can see the ultra-violet rays. As the electric arc is rich in ultra-violet rays, M. Chardonnet thinks that they may fatigue the eye abnormally. The light of an incandescence lamp, such as that of Edison, gives out, on the contrary, little or no ultra-violet rays, and M. Chardonnet therefore believes it better suited to the eyesight. Nevertheless, the incandescence lamp requires to be hidden from the eye by semi-transparent or clouded screens, for the intense brilliance of the carbon filaments cannot be looked at without impairing the eyesight, for a time at least.—*Engineering.*

THE POISONOUS PROPERTIES OF THE MUSHROOM.

The deaths which are frequently reported, from the consumption of supposed edible fungi, render their question of their toxic qualities an important one. Professor Ponfick, of Breslau, has lately made experiments with the common mushroom, and the

practical results obtained are interesting and valuable. It appears that all common mushrooms are poisonous, a fact not sufficiently understood, but cooking deprives them, in a greater or less degree, of their poisonous qualities. The repeated washing with cold water, which they usually undergo to clean them, takes away a portion of the poison, and the boiling does the rest; but the water in which they have been boiled is highly poisonous, and should always be carefully disposed of. Experiments, which Professor Ponfick made on dogs, showed that if a dog ate one per cent. of its own weight of raw mushrooms it fell sick, but recovered; but if it ate one and a half per cent. the poison had a more violent but not fatal effect; if it ate two per cent. it was inevitably fatal. The water in which the mushrooms had been boiled was far more poisonous than the raw mushrooms, while the mushrooms thus boiled could be taken without hurt to the amount of ten per cent. of the weight of the dog's body. Washing with cold water does not remove all the poison, so that mushrooms thus prepared were poisonous when taken in large quantities. Dried mushrooms are still dangerous for from twelve to twenty days, and also the water in which they have been boiled. They require to be dried for at least a whole month; they are really only safe after four months' drying.—*The London Medical Record.*

HURRY, WORRY, AND WASTE.

The break-down of public men is not due to any special cause. They are affected, as the ordinary members of modern communities are affected, by the hurry, worry, and waste that are characteristics of the age in which we live, and which pervade all classes and sections of the community. The demon "over-work"—erroneously so called—is as active among commercial men who go to bed at ten or eleven o'clock as amongst statesmen who sit up hearing and making speeches until the small hours. Side by side with this fact must also be set another—namely, that as a rule the votaries of fashion and gaiety sit up a good deal later than members of Parliament, and yet do not suffer half so much. In truth, we must look below the surface if we would search into the deep effective cause of the troubles we lament. It is not "overwork," but worry, that kills. Our men of brains might do a great deal more than they do if only they were less feverish in their haste, less harassed by worry, and less wasteful of energy. We are all too much in a hurry about what we do. We have too many irons in the fire, too much business on hand at the same instant, and are far too energetic in our endeavours. With deliberation, calmness, and such reserve of strength as result from perfect restraint, a man

may do an infinity of work without either trouble or injury. Breathless haste, eager anxiety, and an excessive expenditure of energy are the outcome of modern activity, whether in this country or on the Continent. The system of "quick returns" has been the bane of literature, almost extinguishing it, and substituting in its place "journalism." The same system has revolutionised thought and science, and it is rapidly undermining the human constitution. We are impatient for results. Speeches are made with the knowledge that they will appear in print in a few hours, and that, if anything is omitted, the deficiency will be criticised by some watchful opponent in the press. Every opportunity must be seized as it presents itself, or it will be lost. It follows that statesmen and politicians are kept on the strain of sustained attention, and their brains are for many hours in the twenty-four, whether in or out of Parliament, in a condition of ferment. The brains of speculators on the Stock Exchange, and even the brains of merchants in their private rooms, are equally taxed, and in the same way. All classes of the community share the turmoil. The period is one of brain-wearing impetuosity, of hurry, worry, and waste—the waste of cerebral energy and nerve force. The higher nervous centres are kept incessantly at work, and become, as it were, overheated, so that it is impossible they should quiet or cool down in the brief intervals of respite allotted to repose. Too often they do not rest even in sleep. The brain only dozes instead of sleeps, and as a result there are dreams of the recent day's work, that infallible symptom of impending mischief. The only marvel is that, looking to the utterly unphysiological character of our mental and nervous habits of work, the number of sudden failures is not greater than it is, and that we have not a larger percentage of brain-mortality to deplore.—*Lancet.*

THE COCKROACH IN MEDICINE.

It would affect many persons unpleasantly to learn that there was every probability of the cockroach becoming an active agent in medicine. Yet it is used almost universally in Russia as a diuretic in certain diseases, and it is also frequently used in European medical practice as a cure for Bright's disease. The Professor of Materia Medica in Jefferson's College recently stated that cockroaches are not entirely unknown in the medical practice in Philadelphia, though physicians do not care to have it known that they prescribe so unpopular an insect in their practice, and few druggists will acknowledge that they keep it in stock. The Professor says that cockroach tea may be used with good effect in certain cases. Its medicinal properties resemble

those of cantharides, and when prescribed it is in the shape of a pill, made with the powder of the dried insect. The cockroach is no more offensive than the cantharides, both being of the same class of insect, and the smell is not so objectionable as that of the Spanish fly. A reporter of the *Philadelphia Record* has visited the leading drug stores of that city, inquiring whether powdered cockroaches were kept in stock, when he was informed that they did not sell them, but that a prescription containing the active principle could easily be prepared by drying half-a-dozen of the insects and powdering them so as to make a pill; or a solution could be prepared by soaking fat female cockroaches in whisky. Several American physicians affirm that it is only a matter of time when cockroaches, or the active principle, will be in as common use in that country as they are in Russia or Central Europe.—*The Times.*

EFFECT OF AN OVERDOSE OF *PODOPHYLLIN.*

Mrs. H., æt. 45, strong and healthy, had been constipated for a week, and was feeling badly in consequence. April 9 she took about 10 grains of *podophyllin* in a little water, at 5 p.m.

At 7 p.m. had cutting pains on both sides of the abdomen, with desire for stool.

At 8 p.m., feeling very badly, went to bed. The pain had ceased; there was great exhaustion with relaxed muscles and a feeling as though the body was bathed in sweat, which it was not; then came a fearful pain in the occiput, as though the head was being split open. This pain lasted about two minutes, and was followed by a dull throbbing headache and feeling of heaviness, so that the head could not be raised from the pillow. At 8.30 o'clock vomiting began—first the contents of the stomach, then thin, bitter, dark-green fluid—from half-a-pint to a pint at each attack. There were six or seven spells of vomiting between 8.30 o'clock and 4 o'clock next morning, With each spell of vomiting the bowels moved, first constipated, then thin, watery stools, but no blood. There was no pain with the stools. Frequent sensations of heat passing over face and head were noticed. With each occasion of vomiting the exhaustion was so great that she felt as though dying. Could not raise the head or assist in the act of emesis.

Prof. D. W. Prentiss was called to the case at one o'clock in the night, eight hours after the *podophyllin* had been taken, when he found the patient in a state bordering on collapse; features pinched, extremities cold, pulse very feeble.

There was a remarkable absence of pain in the stomach and bowels, with the exception of occasional cutting pains at the first. On the contrary, there was a disposition to drowsiness.

The greatest distress was from the exhaustion and the pain in the head. The intellect was unimpaired; the eyesight and pupils were unaffected; no involuntary discharges.

Mrs. H. kept her bed on the 10th, but got up on the 11th, feeling well, but with tingling in the extremities, and weak as from a severe illness.—*Phila. Med. Times.*

NITRITE OF AMYL AND THE CATAMENIAL FLOW.

I SHOULD be pleased to hear, through the medium of your valuable journal, whether any of your readers have observed what I believe to be a hitherto unrecognised physiological action of the nitrite of amyl. I have at present under my care a patient suffering from angina pectoris, who has been in the habit of inhaling the vapour of the nitrite to allay the spasm of that distressing complaint, and a married sister of the patient, who is nursing her, informs me that on entering the room, the atmosphere of which is impregnated with the vapour, the menstrual flow at once commences, and that on her leaving the room, and being no longer under the influence of the drug, it immediately ceases. The reason is, of course, perfectly obvious, but I cannot find any note of it in my books of reference. I have mentioned this to Dr. Clifford Allbutt, who has kindly seen the case of angina with me, and he suggests that as the drug might be used in such cases as puerperal convulsions, when such an action would possibly be in the highest degree prejudicial, I should be justified in giving publicity to this interesting fact.—Dr. A. T. Bacon, in *The Lancet.*

TOXIC EFFECTS OF NITRO-GLYCERINE.

Dr. BARRINGTON NEVITT reports the following interesting case, in a communication to the *Canadian Journal of Medical Science:* A. B., a florid, healthy-looking man of about forty, by occupation a contractor, having a greal deal to do in constructing drains, makes use of dynamite cartridges. He frequently carried one of the cartridges about with him in his bare hand for the purpose of warming it. The cartridges are made of paper, and the *nitro-glycerine* often leaks through, staining the paper. He has noticed on one or two occasions a stinging sensation when he had a cut or crack on his hand. After this, within a few minutes, he would be seized with an intense headache, burning of the face, ringing in the ears, and a feeling as though the head were enormously enlarged and swollen, together with a palpitation of the heart. At other times the headache would not come on until night, after his return from work. It would then occur accompanied with the same symptoms as during the day, and

was traced to his custom, after washing his hands as thoroughly as possible, of touching his tongue with his fingers, to see if all the dynamite was washed off. It was only when he tasted a peculiar sweetish taste that the headaches were found to supervene. After being advised of the probable cause of these symptoms he used gloves when handling the cartridges, and did not taste his fingers, and has since had no sensations of the above character.

EFFECTS OF SMOKING ON THE HEART.

Cases of intermittent pulse have often been observed, in which the cause was unquestionably the use of tobacco, the difficulty disappearing in almost every instance where the habit was abandoned. The *Sanitary News*, under the head of "Danger Signals," presents the following interesting facts on this subject.

"Some years ago M. Decaisne drew attention to the fact that tobacco-smoking often caused an intermittent pulse. Out of eighty-one great smokers examined, twenty-three presented an intermittent pulse, independent of any cardiac lesion. This intermittency disappeared when the habit of smoking was abandoned. He also studied the effects of smokings on children from nine to fifteen years of age, and found that it undoubtedly caused palpitation, intermittent pulse and chloro-anæmia. The children, furthermore, became dull, lazy, and predisposed to alcoholic drinks. Recently he reported to the Societe d'hygiene (*Gazette Obstetricale*) the results of his observations on the effects of smoking on women. Since 1865 he has met with and observed forty-three female smokers. Most of them suffered disturbances of menstruation and digestion, and eight presented very marked intermittency of the pulse without any lesion of the heart. He gave detailed accounts of these eight cases, in which all treatment directed against the intermittency proved utterly useless, while the suppression of tobacco was invariably followed by improvement, and very often by complete disappearance of the phenomenon."

OBITUARY.

JAMES MANBY GULLY, M.D.

The death, after several months of suffering, of this well and widely-known physician, took place at his residence at Balham on the 27th of March.

Though preceded by a few months by the late Dr. Wilson in commencing in the practice of hydropathy, it is to the ability, energy, and commanding influence of Dr. Gully, that must be attributed the establishment of the use of cold water, in various ways, as a remedial agent among the profession in this country.

Born at Kingston in Jamaica, on the 14th March, 1808, he had just entered his 76th year. Educated in England and at Paris, he matriculated at the University of Edinburgh in 1825, where he resided for three years, passing his fourth at the Hôtel Dieu in Paris, under Dupuytren. After graduating at Edinburgh in 1829, he commenced practice as a physician in London in 1830. In 1834 he translated Tiedemann's *Physiologie des Menschen*. Between 1833 and 1836 he took a considerable part in the editing of the *London Medical Journal* and *The Medical Gazette*. In the former he published an abstract of Broussais' Lectures, and in the latter, various physiological and pathological papers. In 1839, he appeared as the author of a *Treatise on Neuropathia;* and in 1841 of a work entitled *The Simple Treatment of Disease*. At the time of the publication of the latter, the water-cure treatment of Priessnitz was beginning to make some stir in the world. The late Dr. Wilson had been to Germany investigating its merits, whence he returned full of enthusiasm for it. He brought the subject before Dr. Gully, and succeeded in inducing him to make a thorough study of it. The two friends visited Malvern, then a comparatively obscure village, with a traditional and well deserved reputation for the purity of its water and the invigorating character of its atmosphere. Dr. Wilson at once settled there, and Dr. Gully, in a few months, gave up his London practice and followed him. Here, it was not long ere he built up that enormous practice which some fifteen or twenty years ago made Dr. Gully's name as widely known as that of any English physician of his time. Here it was that the value of water, applied systematically in divers ways, was demonstrated with a degree of success that led to the more or less general adoption of "packings," "compresses," "douches," "sitz-baths," and other means of using water by medical men. It was from this source, if we mistake not, that the morning "tub" became so essential a part of a healthy Englishman's ablutions. It was impossible for any physician to succeed in attracting so large a crowd of patients, and to cure so considerable a proportion of them, especially in the very heart of a district where the late Sir Charles Hastings—the founder of the British Medical Association—was considered *the* authority in medicine, and that, too, by so novel and completely misunderstood a method as hydropathy, without bringing down upon him torrents of abuse and misrepresentation. Dr. Gully had his share of both. He had, however, the advantage over his detractors, and would-be defamers, in knowing what he was about, while they were not only ignorant of his methods, but resolutely refused to learn anything regarding them. Bold and defiant, a man of great determination of character, capable of exerting a remarkable influence over his patients, and thoroughly well-informed pro-

fessionally, Dr. Gully laughed his antagonists to scorn, and by his replies to his critics proved the impregnable nature of his therapeutic position.

In 1846 appeared the first edition of his work entitled *The Water-cure in Chronic Disease*—the eighth in 1859, and added much to the reputation of the method of treatment it sought to teach.

The town of Malvern owes much to him; indeed he may be said to have made Malvern just as the late Dr. Jephson may be said to have made Leamington. For many years he was the Chairman of the Board of Commissioners, and to him was largely due the erection of gas-works, the institution of the College, and the building of the Imperial hotel.

After nearly thirty years of active work, he retired from practice, leaving Dr. Fernie, who still resides in Malvern, as his successor.

Since leaving Malvern, Dr. Gully has been comparatively rarely heard of. He has resided, we believe, chiefly at Balham and on the continent, and has not been engaged in practice.

His remains were interred in Kensal Green Cemetery on the 2nd ult., and were followed to the grave by his children, grandchildren, and a numerous body of old and attached friends.

CORRESPONDENCE.

ADVERTISING.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—I fear the resolution of the Plymouth Medical Society condemning the practice of meeting with "homœopaths or other advertising practitioners," to which you drew attention in the last number of the *Homœopathic Review*, has some ground to go upon, and that this time the *animus* of the allopaths against our body may seem to find some real justification.

I enclose you a circular which has been extensively distributed in Torquay this winter—left at the houses of the residents and tradespeople—and which tells its own tale.

Probably this has come to the knowledge of the Plymouth Society, if they have not seen another advertisement in a local newspaper, which, I understand, emanates from the same source; and no doubt it and the *Lancet* are both glad to make the most of an opportunity which they do not often get.

Yours faithfully, A. MIDGLEY CASH.

Penton Villa,
Torquay, April 21st.

P.S.—I have felt extremely unwilling to mention this matter, as the poor man is not only in very feeble health, but exceedingly

ill at the present time; still I did not see any other course in view of your recent article on the action of the Plymouth Society.

[Our correspondent encloses a printed circular issued by Dr. Pearce, formerly of Northamption, a gentleman who, thirty years ago, gave promise of being useful in promoting a knowledge of homœopathy. He has, however, been singularly unfortunate of late years, and is now, we believe, not only in very reduced circumstances, but as our correspondent states in very serious ill-health. This may account for the unusual course he has taken in making himself known in the neighbourhood where he now resides. The circular itself—extending as it does over two-and-a-half pages, is too long to print *in extenso*. Suffice it then to say that, like most other similar productions, it is vulgar, pretentious, and misleading, and quite unworthy of a member of the medical profession. The *gravamen* of the offence of the members of the Plymouth Medical Society consists, however, in describing medical men practising homœopathy as "homœopaths and other advertising practitioners. A single instance of a medical man practising homœopathy so far forgetting his obligations as a professional man as to issue such a circular as that Dr. Pearce has distributed, is no excuse for assuming, as the Plymouth resolution does, that all homœopaths are "advertising practitioners." They are not, and, moreover, it is perfectly well known that they are not.—EDS. *M. H. R.*]

S. SAVIOUR'S HOSPITAL REPORT.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Finding since my return from my Easter holiday that reports and rumours of an erroneous character are in circulation with regard to my connection with S. Saviour's Hospital, I beg, with your kind permission, to take this, the earliest opportunity of publicly setting such reports and rumours at rest.

A few months ago the authorities of the institution asked me if I would take charge of it, and after some consideration I agreed to do so on the following conditions:—

1. That all allopathic nurses should be dismissed, which was done, though all lady nurses and without salary.

2. That there should be no interference or suggestion from any quarter whatever as to the medical treatment I would adopt, and there never has been any.

3. That I might procure the services of such a house physician as I approved of to carry out my treatment. This also was agreed to, and I was so fortunate as to obtain the services of our colleague Dr. Baynes.

Remembering all that was said at the London Homœopathic Convention on the treatment of cancer, and on the supposed efficacy of certain drugs in that dread disease, I concluded that this offer which I had, of complete control of a cancer hospital, constituted an opportunity which I ought not to miss for testing, on a considerable scale, the value of the new remedies referred to, and in this spirit I accepted the appointment.

On seeing the report recently issued by S. Saviour's Hospital, after my return home, I was greatly surprised to notice my name and that of Dr. Baynes were associated with systems of treatment followed at the Hospital before our installation, but not at all carried out since. How this had happened need not be discussed here. Suffice it to say that I was so indignant that I immediately went to the Hospital with my resignation. There deep regret was expressed at the mistake committed: it was represented that my resignation would injure the Hospital, and that any amends in the power of the Committee would be gladly made for my satisfaction. It was then that the enclosed document was written, which I suppose every sensible person will admit clears me of every supposition of any unprofessional or unbecoming conduct on my part.

Having thus amply vindicated my character, and also that of Dr. Baynes, who also, of course, comes within the scope of these observations, I shall not trouble your readers with further details, though there are several other points which I shall take an opportunity of explaining at the next meeting of the British Homœopathic Society.

Believe me, Gentlemen,
Your very faithfully,
DUNCAN MATHESON.

4, Granville Place,
Portman Square.
April 20th, 1883.

The following is a copy of the notice referred to by Dr. Matheson.

"The Secretary of S. Saviour's Hospital regrets that the inadvertence of publishing the names of the recently appointed medical staff, in connection with the report of the institution for 1882, in which year the institution was not under Dr. Matheson's control, appears to make those gentlemen responsible for that report, and also seems to afford ground for the inference that the treatment therein described and followed during that year, is identical with that pursued under the new management. This, however, is not the case.

"The Secretary further thinks it right to state that Dr. Matheson consented to accept the post of consulting physician to

S. Saviour's Hospital on the express condition that he would not be asked to accept the use of secret remedies, or of any other curative means inconsistent with his position and practice as a homœopathic physician; and that under the new regime the treatment is conducted strictly on these lines.

"EDWD. ALDER, Secretary.

"S. Saviour's Hospital,
"Osnaburgh Street,
"Regent's Park, N.W.
"16*th April*, 1888."

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. MATHESON, Dr. C. L. TUCKEY, Mr. CROSS (London); Dr. F. NANKIVELL (Exeter); Dr. CROUCHER (St. Leonards); Dr. R. HUGHES (Brighton); Dr. HAYLE (Rochdale); Dr. CASH (Torquay); Dr. TALCOTT (New York); Dr. BERRIDGE (London).

BOOKS RECEIVED.

Message to Nurses and Mothers. M. Boole.
Disease and Putrescent Air. Thomas Rowan.
Report of Middletown (N. Y. State) Homœopathic Asylum.
British Journal of Homœopathy.
Homœopathic World.
Student's Journal and Hospital Gazette.
Chemist and Druggist.
Monthly Magazine of Pharmacy.
Report of the Hastings Homœopathic Dispensary.
Report of S. Saviour's Hospital.
Secular Review.
Calcutta Journal of Medicine.
New York Medical Times.
Homœopathic Journal of Obstetrics.
Hahnemannian Monthly.
New England Medical Gazette.
Medical Advance.
St. Louis Clinical Review.
American Homœopath.
Report of the Massachusetts Homœopathic Hospital.
Bulletin de la Société Hom. de France.
L'Art Médical.
Bibliothèque Homœopathique.
Revue Homœopathique Belge. Brussels.
Revista Omiopatica.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W.; or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE LONDON HOMŒOPATHIC HOSPITAL.

THE position of a member of the Board of Management of a London Hospital has been an anxious one during the last few years. From whatsoever cause arising, the charitably disposed have not of late responded to the appeals addressed to them as they were wont to do. First and foremost amongst the causes of this shrinking of charity funds stands, doubtless, the depression in the value of landed property. Many who have derived large incomes from investments in land find their means considerably straitened, and donations and subscriptions form a measure of retrenchment unfelt by the donors and subscribers. Then again, some hospitals have suffered because on their medical staff are one or more enthusiastic investigators of natural science, who resort to live animals to disclose the problems they wish to solve. The anti-vivisector visits upon the sick poor the consequences of what he considers the offences of their appointed medical attendants! The world, it has been said, is governed by sentiment, not by reason. This, we presume, is an illustration of the hypothesis. Again, the anti-vaccinationist has justified the withholding of his subscription because vaccination is practised at a given hospital, and the teetotaller because alcoholic stimulants are employed in the treatment of disease. Thus, from one cause or another, hospitals have not had "a good time" during the past year.

But while this falling off in pecuniary support has been going on, the applicants for relief have been increasing on all sides.

Such having been the position generally, we have all the more reason to be thankful that the Board of the London Homœopathic Hospital have been able to present to their subscribers a report showing that, while they have received into the wards ninety-nine more patients than they did during the previous year, their balance sheet discloses a deficit of only about £100. Better evidence of careful and efficient management it would be impossible to obtain. It also proves that the public interest in the welfare of the Institution has been well sustained, and that the Hospital is worthy of its being kept up. There is a brisk competition for hospital support, as well as for other things. A most instructive article upon *Hospitals* in *The Nineteenth Century* (March), by Mr. BURDETT, shows how much a business obtaining subscriptions for quasi-hospitals has become, and how largely, systematically and persistently the feelings of persons known to have warm hearts and well filled purses are drawn upon to start and support a new hospital, the only *raison d'être* of which really is the need of some medical man who imagines himself specially qualified—or finds it to his interest so to imagine himself—to treat the diseases to which some particular organ of the body is more or less prone. There cannot be a doubt, but that a not inconsiderable sum of money is in this way withdrawn from institutions doing a truly charitable work, to the advantage of such as are little if anything more than advertisements, in brick and mortar, of the pretensions of some physician or surgeon anxious to make a reputation for himself at the expense of other people.

The difficulties of a Board of Management are in this way largely increased; and it behoves us, therefore, to

continue to exert ourselves in holding up the hands of those who have proved, thoroughly proved, that the money entrusted to them is devoted to purely charitable purposes of the highest order. We cannot afford to sit still and argue that a hospital which has been so well assisted in the past will continue to be so in the future without any further effort. Such a conclusion would be entirely false. We must continue to urge the claims of the Hospital as a well-managed and useful charity, wherever we have the opportunity of doing so. The Chairman of the recent meeting expressed the opinion that the public were more lukewarm on the subject of homœopathy than they were at one time. That medical men generally had picked up and adopted so much homœopathy that the difference between homœopathic practice and that taught in the medical schools was not now sufficiently striking to attract public attention. There is some small modicum of truth in this, doubtless. But we fear that, if there is any lukewarmness to complain of, it is not among the public that we have to look for it, but rather among medical men who are practising homœopathy. As we endeavoured to point out two months back, there is not the same earnestness in diffusing a knowledge of homœopathy that existed some twenty or thirty years ago; not the same care in practising homœopathically that once there was; there appears to be a greater readiness to shirk the study of Materia Medica, and consequently to resort to medicinal palliatives and surgical procedures than formerly marked a homœopathic practitioner. Laxity in drug selection, when prescribing, begets indifferent success in practice; and indifferent success in practice results in a diminished appreciation of the real value of homœopathy, and a proportionate lessening of a desire to promulgate it, and advocate the claims of institutions by which it may be most thoroughly investigated and made known.

While every homœopathic practitioner throughout the country ought to feel a pleasure and a pride in pressing upon his friends the claims of our national Hospital to their support, we cannot but feel that the medical officers of the Hospital might do more than has as yet been done to excite an interest in the Hospital in the minds of their provincial colleagues. The interest a provincial practitioner feels in a metropolitan hospital is in direct proportion to the advantages which he himself gains from it. He looks to the physicians and surgeons of such an institution to make use of the large opportunities they possess to add to that stock of knowledge which enables him to be a successful practitioner. We believe that at the London Homœopathic Hospital cases are frequently occurring, which, were they fully reported in the journals, would prove of great use in facilitating the practice of our art. What the practitioner desires is not a bald record of symptoms with the names of the medicines prescribed, but cases fully reported, together with a succinct statement of the therapeutic lessons they convey. He wishes to see clearly stated why the medicine ordered was prescribed, to have its homœopathicity pointed out, and this compared with that of other drugs sometimes indicated in the same form of disease. How seldom has this been done at any period during the existence of the Hospital. Had we had from time to time, during the last thirty-three years, the details of cases with the lessons they suggest, like those which appeared sometime back in this *Review* by Mr. S. H. Blake, of Liverpool, we feel assured that the general interest felt in the Hospital by homœopathic practitioners would now be far greater than it is. An institution providing them with practical matter of this kind would be felt to be one of value. We do not ask for elaborate pathological enquiries terminating with descriptions of interesting specimens from the post-mortem room.

These we can get from the *Lancet* and similar periodicals. Pathology and pathological anatomy we may well leave to the old hospitals. Therapeutics, it is, that we desire to illustrate and to cultivate. An American paper some time back remarked that it was not at all surprising that at the Krankenhaus at Vienna the physicians were such astute diagnosticians of disease, inasmuch as all their diagnoses were tested by *post-mortem* examinations! What we want to see from the practice of the physicians at the London Homœopathic Hospital is cases showing their selections of remedies justified by cures and verified by the physiological action of the drugs as set forth in our Materia Medica. We have not a doubt that papers of this kind would not only add greatly to the reputation of their authors, but would, perhaps more than anything else, tend to stimulate enquiry into homœopathy and excite an interest in the institution whence the material for preparing them was derived.

We can fully understand the difficulties under which the medical officers of our Hospital labour—their private engagements, often numerous and harassing, rendering such work as we have described far from being easily accomplished; but with some sacrifice of leisure to the fulfilment of the responsibilities of their position, we trust that we may hope, without fear of being disappointed, that they will be able to turn to the advantage of their colleagues, the good of therapeutics, and increasing the popularity of the institution with which they are connected, some few of the nearly 600 cases that are annually brought under their notice.

Not only does our Hospital merit practical sympathy as a field in which homœopathy may be practically set forth to the edification of enquirers into, and students of homœopathy, as well as to the advantage of those who are practising it, but as affording a training ground for nurses.

The Nursing Institute, which now forms a part, and a very important as well as useful part of the operations of the board, has become widely extended since it was first proposed by the late Mr. CHARLES TRUEMAN, in 1870. The advantages to a homœopathic physician of a nurse, who has not only been well and carefully trained as such, but has at the same time, been made familiar with the special requirements of homœopathy need not be dwelt upon—they are too obvious. Nothing hitherto attempted at our Hospital has been more successful than has been its Nursing Institute. The nurses sent out thence have been highly and rightly valued, almost wherever they have been sent. Testimony to their efficiency has been received by the board from all sides. For many years Miss BREW has held the important post of lady-superintendent of nurses, and to her watchful care and judicious management the success which has followed the system adopted is largely due. For some time past the demand has been in excess of the supply, and this fact, together with the very tangible addition to the funds of the Hospital, which the nurses sent into private families make, has induced the board to extend their operations in this direction very considerably. A house, belonging to and adjoining the Hospital, is now in process of re-construction, with the intention of, in the first place, adapting it for the reception of a considerably increased number of nurses, and ultimately of using it to allow of an additional number of patients being admitted. This will involve a heavy drain upon the "reserve fund," unless donors come forward to supply the sum needed for this special purpose. Many of us, no doubt, would have preferred the sale of the present building, and the erection of a new hospital elsewhere. But this would require at least £15,000—an amount of money not easily raised for charitable purposes now a-days. Still, if these lines should

fall under the notice of any one disposed to make such excellent use of accumulated wealth, we have no doubt but that the board will readily re-consider their present plans. The houses which form the Hospital are old, were not built for hospital purposes, and though they have been ingeniously, and, as thoroughly as possible, adapted for the purposes to which they are put, they stand in constant need of repairs, which form a heavy item in the annual accounts. Without £15,000 however, it would be unwise of the board to undertake such a project as an entirely new building. However inconvenient of access for the medical officers and the members of the board, the locality is one which is surrounded by a crowded poor population—the very centre in which a hospital is required. Hence we trust that adequate means will be furnished to enable the board to proceed with the proposed alterations—alterations we may remark which will not only enable them to extend the Nursing Institute, but will considerably add to the comfort and convenience of the out-patient department.

Last winter we referred to the union of the London School of Homœopathy with the Hospital. On this point we need say nothing further at present, but will simply quote from the report the reference it contains to this union:—

"The Board have to report that 'The London School of Homœopathy,' the objects of which, as a separate institution, have been carried out in close co-operation with the Hospital, has now become united with the Hospital, of which it will henceforward form a part. The association of the School with the Hospital, since its foundation in 1877, under the auspices of the late Dr. Bayes, had, from the outset, made the two institutions, in many respects, like one. The period of five years, for which subscriptions to 'The London School of Homœopathy' were asked, having elapsed, it devolved upon the Committee of Management of that institution, in communication with its

Medical Governors and the general body of its Subscribers to provide for its efficient continuance and future welfare as a Medical School. Various schemes and plans were submitted to the Subscribers, the basis of all being that the School should be taken under the control of the Board of Management of the Hospital. At the recent annual meeting of the Subscribers and Donors to the School, it was decided that the Board of the Hospital be invited to undertake this duty, and in anticipation of their consent, it was then resolved that the name of the School should be altered to 'The London Homœopathic Hospital Medical School,' thus enabling the Hospital to re-assume its original title of 'The London Homœopathic Hospital and Medical School. The Board have complied with the general wish, and, in accordance with arrangements made, the summer session of the Medical School will comprise lectures on the 'Practice of Medicine,' by Dr. Dyce Brown, and on the 'Principles of Homœopathy,' by Dr. Richard Hughes; while the utmost facility will, as heretofore, be given to students for seeing the practice of homœopathy in the wards of the Hospital. The Hahnemannian Oration, hitherto so greatly appreciated, will be delivered in October next by Dr. Blumberg, of Southport. The Reserve Fund of the School, amounting to £1,452 4s. 0d., will be invested in the names of the Trustees of the Hospital, and, as its existence was originally attributable mainly to the personal influence of Dr. Bayes, it will be distinguished from the other funds by the name of the 'Bayes School Fund.' The annual income arising from this fund, and all subscriptions and donations to the School will be devoted to the Medical School, in providing for the Hahnemannian Oration, and other educational work; the principal, in any event, to be used only for the maintenance or assistance of a School. So many of the Governors and Subscribers of the Hospital are also Governors of the School, that the Board of Management, in expressing their confidence that this arrangement will secure the future welfare and permanence of the Medical School, feel assured that their acceptance of the duty of its management will be a source

of general gratification. The best interests of the School, while a distinct institution, were found to be inseparably associated with those of the Hospital; while the Hospital itself has derived no small advantage from its connection with the School. Indeed, it was the earnest wish of the Founder of the School, Dr. William Bayes, that an amalgamation of two institutions, so truly one in a great aim, namely, the stability and advancement of homœopathy, should take place."

In conclusion, we commend the careful study of the report of the Hospital to the consideration of every one interested in affording charitable relief to the poor in sickness, and to all who are interested in promoting the progress of homœopathy. Well and carefully managed, the money contributed to it is expended in the most useful of ways. The sick received are kindly and carefully nursed, are well supplied with every kind of suitable diet, and the direction of their medical treatment is entrusted to physicians and surgeons, who have earned a title to confidence.

Of the comforts by which a patient in the London Homœopathic Hospital is surrounded, we had recently an opportunity of getting very trustworthy and independent testimony. A patient has been under our care whose education and social position are much higher than those of the ordinary run of persons who resort to hospitals. He was in the institution for two months, and assured us that the food, the nursing, and the medical attendance were beyond all praise. Grumbling, he said, he did hear now and again, but it proceeded only from the very lowest class of patients, from persons who had rarely known what it was to have good food, or who were rendered so irritable by disease, as to be incapable of appreciating the amount of kindness and attention bestowed upon them. He also noticed that the persons who constituted the majority of the admissions were of the more intelligent class of

artizans, people who in health attended Mechanics' Institutes and popular science lectures. The Hospital was sought out by them; they did not enter it simply because it was a hospital, but after having made careful enquiry into the relative advantages of it and other institutions.

On every ground then we bespeak for our Hospital the earnest practical sympathy of all who desire to do good to the sick, and are anxious to advance a knowledge of homœopathy, and we trust that it will increasingly become a centre, whence instruction in homœopathy may issue, where the therapeutics of our School may become perfected, and the practice of medicine be rendered simpler and more certain.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *BRYONIA*.*

By Alfred C. Pope, M.D.

The homœopathic pharmacopœia authorises the use of *bryonia alba* and *dioica* of the *N. O. cucurbitaceæ*. The former is common in Germany and France, and the latter in the hedgerows and thickets of our own country. It flowers in June and July, and, as the part employed is the root, it should be collected before or after this period.

It has been proved by Hahnemann and by the Austrian Society of Homœopathic Physicians in a very thorough manner; and the observations hence derived, together with some fragmentary provings, are collected in Allen's *Encyclopædia*.

The febrile state set up by this drug is not great. Chilliness is its predominant feature, the heat which follows is slight and incomplete, the sense of chill seldom leaving entirely, while the perspiration which follows is, on the other hand, considerable, sour smelling, and occurs mostly at night. It is generally associated with pains in the head and chest.

The most marked influence of *bryonia* is that which it exerts upon the serous membranes lining the cavities and

* A lecture delivered at the London School of Homœopathy, Feb. 5, 1883.

investing the joints. Upon the gastro-intestinal and other mucous membrane it has an acrid effect—diminishing the secretion of mucus.

Of muscular fibre, too, it is an irritant, producing pains resembling those of rheumatism.

Such, in broad outline, are the results of taking *bryonia* in considerable quantities for some little time. It is a drug which, having been well and thoroughly proved, and very widely tested clinically, is consequently one which we can study with interest, and use with confidence.

The febrile state to which I have just referred is, as I have said, largely sympathetic. But, at the same time, when studied more in detail and with reference to its associated symptoms, it presents analogies to remittent, gastric, and enteric fevers which have been turned to valuable account. The nervous symptoms—the despondency, anxious, irritable mood, the restlessness, the disinclination to do anything, the sense of confusion in the head, the dizziness, heaviness and heat in the head, the sense of weariness and lassitude which weighs upon the prover, going on to absolute exhaustion; the gastric symptoms—the loss of appetite, weight in the stomach, nausea, eructations, stitch-like, pressive and tight pains in the right hypochondrium, abdominal distension and constipation, all point to a form of gastric fever with disturbance of the functions of the liver, by no means uncommonly met with.

The type of intermittent and remittent fevers to which *bryonia* corresponds is that where the cold stage is prolonged, the hot sweat imperfectly developed, the sweating profuse and exhausting, and where there is evidence of congestion of the liver. This, Dr. Dunham tells us, is a type of fever met with on the shores of the Mediterranean, north of the Pontine Marshes, in the treatment of which *bryonia* has long been a popular medicine with the peasantry.

Further, the type of fever, together with the nervous symptoms present, have led to the use of *bryonia* in the treatment of some cases of repercussed eruptions. These are cases where the eruption of an exanthematous fever has disappeared, and its disappearance has been followed by physical exhaustion and sensorial depression, without any actual perversion of cerebral function. Where convulsions have arisen from such perversion, *bryonia* will be of no service. When manifestations of excitement from this

latter cause are met with, more completely homœopathically indicated medicines, such as the *acetate of copper*, for example, are available. "In other cases of this kind," writes Dr. Dunham, whose essay on *bryonia* is one of the best he has written—"In other cases of this kind, without fever or disturbance of the general system, the entire sensorial life is suspended. Here *hellebore* may be required, as Hahnemann has shown in his introduction to the proving of that drug. Or, again, together with this suspension of sensorial life, there may be signs of effusion within the cranium; the patient lies like an animate, but not intelligent log; the pupils are dilated; the eyes converge or diverge; and here *zinc* will sometimes save the patient."*

As an illustration of the mode in which the sympathetic fever which is characteristic of *bryonia* arises, the following extract from the proving of Dr. Huber, of Vienna, will suffice. After a dose of 70 drops, he records having experienced—"Dry heat, spread over the whole body; the hands, feet, and face especially burned; the circulation was very much excited, over 100 pulsations to the minute; confusion of head, pressing dull pains in the occiput and neck, roaring in the left ear, violent coryza, the left nostril stopped, and from the right a discharge of thin, watery substance; slight angina tonsillaris; loss of appetite and thirst; transient stitches below the left nipple, as if in the pleura costalis; pressive pains in the loins; burning pain in the region of the lower third of the right ulna; during this hot stage he slept quietly, and awoke about midnight quite bright and active, with copious sweat over the whole body, after which all the symptoms disappeared."

In a note, Dr. Huber states that he hesitated at first to ascribe this catarrhal fever to the action of the *bryonia*, "because," he says, "sometimes after taking cold I was subject to a catarrhal angina, especially in cold, wet weather. In this case I had, however, taken no cold; the weather was fine and warm, and I had been busy in the house, so I was forced to ascribe this fever to the *bryonia*, especially as the accompanying symptoms were, for the most part, the same as those observed from repeated provings of *bryonia*. I should also note that this was the third time during this short proving that I had been feverish, and each time had had nightly aggravations."

* *Lectures on Materia Medica*, p. 103.

Over and above the head symptoms mentioned just now in connection with fever, *bryonia* produces a distinct form of headache, the parallel of which is occasionally met with. The pain is chiefly in the forehead, and appears to extend through the head to the occiput. It is a jerking, throbbing pain in the forehead, and in the occiput gives a sense of weight and pressure. Here is one prover's account of it:—"In the morning in bed, after waking, while lying upon the back, headache in the occiput, which extends to the shoulders, like a heaviness when pressed upon a sore spot. Again, a pressive pain in the occiput, with drawing down into the neck; this pain was relieved towards noon, but appeared in the afternoon as a pressure in the temporal bones, also frequently in the frontal and occipital regions."

As these indications will suggest to you, *bryonia* is a very reliable remedy in occipital headaches. Especially so is it when headache of this character is most perceptible in the morning, after waking and moving about, and when associated with constipation, dyspepsia, and hepatic disturbance—a group of symptoms by no means unfrequently met with.

Yet again, there is another form of headache excited by *bryonia*—a pressive frontal headache, increased by stooping, as if everything would fall out at the forehead. This is associated with severe coryza, and probably explains the epistaxis attributed to it in the provings. Dr. Dunham tells us, that nose bleeding has been observed to follow the sudden suspension of the menses in a person under the influence of *bryonia*. This has led to its use in vicarious menstruation, and "clinical experience has," Dr. Dunham adds, "shown that it generally cures these cases."

Together with this frontal congestive headache and epistaxis, we have a face swollen in the upper parts, especially under the eyes, and over the root of the nose. The irritability of muscle produced by *bryonia* is seen in the stiffness and soreness of the facial muscles to which it gives rise.

Coming now to the digestive sphere, we find the tongue white,—and thickly coated white;—in one instance only was there any variation from this appearance, and in that the tongue was thinly coated yellow, with a sunken *raphé* or

longitudinal fissure. The swollen tongue and lips are dry. This is a very marked symptom; the dryness is such "that the tongue sticks to the palate;" "drinking moistens it for a moment, but the former dryness returns in a greater degree." At the same time, there is not much thirst, but often an increased secretion of saliva. Taste is somewhat flat and nauseous. The dryness of the mouth extends to the throat, where there are also an accumulation of mucus, and some stitch-like pains. When commencing the proving the appetite is increased, but easily satisfied; presently it is quite lost, and at the same time a great aversion to food arises.

During the febrile state set up by *bryonia*, thirst is increased. "Thirst about 3 p.m., before the sweat, followed by sweetish, sour-smelling sweat for four hours; before this ceased headache appeared." When the dyspeptic symptoms alone predominated, this was not particularly noticed. Taking food is followed at first by empty, then bitter eructation, hiccough, and nausea; the stomach feels distended, and is somewhat sensitive to pressure. There is "a sense of pressure in the stomach after eating, as if a stone were lying in it." This is a very prominent symptom of the dyspepsia which the action of *bryonia* simulates.

In the abdomen we find flatulent disturbance with rumbling, colic-like pains in the umbilical region, and griping. Following the colic we meet with diarrhœa—the former preceding the occurrence of the latter by some considerable time. The stools are bilious, acrid, causing a burning and soreness at the anus.

When the irritation does not extend beyond the stomach, or if it does includes only the liver and duodenum, then constipation is the result of taking *bryonia*. It is a constipation, too, the phenomena of which deserve careful attention. A common popular objection to homœopathy is that in homœopathic treatment no provision is made for "opening the bowels." The old notion that disease was to be cast out through the intestines, and that a purgative was the proper means to effect its expulsion, is not quite dead yet. The idea that constipation is in itself a disease still survives—while that this constipation disease is curable by a purgative is even now undoubted by many. Cases in abundance will be cited in which this constipation disease is said to have been cured by a few compound rhubarb pills, a dose of salts, or a tablespoonful of castor-

oil. Now the answer to all this is—1st. The constipation is not a disease, but either a part of or the result of disease. 2nd. That, save in ordinarily healthy persons suffering from a transient attack of indigestion arising from over-feeding or over-drinking, a purgative will not cure the disease which gives rise to constipation. 3rd. Purgation is not a curative action. Curative action, where constipation exists, consists in simply restoring the balance requisite to maintain a due amount of excretory force, and only a due amount—not an excess. It is excessive excretion, diarrhœa in fact, that a purgative excites; and this in due course is followed again by constipation. Years ago, when the habit of taking purgative pills was much greater than it is now, the cases of constipation—confirmed habitual constipation—that came under notice were legion—they were nearly all the result of habitually taking purgatives. It is true that in young, robust, people, a purgative may be taken without much fear of a reaction, or at any rate of a reaction that will be inconvenient—but this is not the case with such as are delicate, or with persons leading a sedentary life, or those who have arrived at middle age. These persons cannot take a purgative without more or less risk of the apparent need of their doing so becoming confirmed.

Homœopathy will direct you to medicines which will cure the disease giving rise to the constipation, but, if you want to set up diarrhœa, you must look to traditional medicine for your resources.

It becomes, then, a matter of some importance to consider the indications suggesting a medicine in a condition to which so much attention is directed. In every case the constipation must be regarded as what it is, viz., a symptom, one of a group, a part of a whole; and it is to the group, to the whole, that we have to look, by it to be guided when prescribing.

The indications which suggest *bryonia* as remedial in constipation are, first of all, the existence of that form of dyspepsia and inactivity of the liver, the symptoms of which I have just detailed. Secondly, the kind of constipation. Both intestinal secretion and peristaltic action are diminished, there is in consequence no desire for stool; it is omitted without any special sense of inconvenience. When an effort to procure an evacuation is made, it is difficult, attended with straining, and the fæces passed are large, hard, and dry. There is none of the ineffectual desire

for stool characteristic of the effects of *nux vomica*—none of the hæmorrhoidal disturbance of it and *sulphur*, but simply intestinal inactivity arising from perversion of the gastric and hepatic functions.*

As a very large proportion of the cases of constipation which come under notice arise from this cause, *bryonia* is a medicine to which you will have frequent occasion to resort.

It is probably due to the influence of sea air on the function of the liver that constipation so frequently occurs during the first week or ten days of a visit to the seaside. In such cases *bryonia* has been found very useful.

The influence of this drug on the function of the liver is reflected in the following, among many other similar symptoms which have occurred in different provers :—

Dr. Huber during his proving experienced "transient sharp stitches deep in the right hypochondrium; sharp transient stitches in the right hypochondrium soon followed by similar ones in the epigastrium; some transient stitches in the right hypochondrium, with painful sensitiveness of this region, especially to hard pressure and deep inspiration."

Dr. Wachtl, another Austrian prover, "felt long-drawn stitches in the liver while sitting." In another instance the region of the liver was sensitive.

These symptoms, taken in connection with the loss of appetite, bitter taste and nausea, and the intestinal inactivity, point out cases of congested liver as likely to be benefited by *bryonia*, and clinical evidence has fully confirmed the truth of the inference. In cases of sluggish liver, with pains of a more or less acute character, it has been found to be a medicine of great value.

With the tendency exhibited by this drug in its action on other parts of the body, to set up inflammation in serous membranes, and the character of the pain noticed over the liver—stitch-like, darting—it is probable also that the peritoneal investment of this organ is irritated and inflamed, rendering it a suitable medicine where this tissue is involved in disease.

In the abdomen we find that *bryonia* irritates the peritoneum considerably. Of this we have evidence in the

* For a comparative view of some medicines useful in constipation, see *Homœopathic Review*, April 1883, p. 222.

following among other symptoms :—"Sensitiveness of the abdomen—very sensitive as if sore"; "Violent cutting pains deep in the lower abdomen"; "A sudden violent stitching deep in the lower abdomen from left to right, soon followed by two very painful stitches across through the chest from the left to the right side"; "Sudden painful cuttings in the intestines, with a feeling as though one were digging him with the fingers, compelling him to bend double"; "Pain in both sides of the abdomen, like a pleuritic stitch."

The late Dr. Trinks, of Dresden, has published some striking illustrations of the value of *bryonia* in inflammations of the serous membranes. These he prefaced by the following description of the place of *bryonia* in such conditions :—

"As long," he writes, "as the local inflammatory condition had not reached this stage"—that is the stage of serous exudation—"the fever being still of a sharp, well-pronounced synochal character, the *bryonia* was of no use, but at this time *aconite* and *belladonna* were the specific medicines which arrested the inflammation before it had been developed to the stage just specified. But when, on the other hand, the inflammation had advanced to the stage of serous exudation then, in all case, *bryonia* showed itself as a medicine of quick and certain operation, which not only removed the still existing local inflammation, but also with the least possible delay effected the absorption of the serous effusion which had already taken place.*

The symptoms observed in the urinary organs do not simulate any special form of disease. There are, however, several worthy of notice in connection with other disorders. There is frequently expressed by different provers a feeling after urinating as though the bladder were imperfectly emptied. The urethra is rendered irritable, and, like other mucous surfaces, is probably dry, as there is a sensation on urinating as if the urethra were too narrow. In one of the Austrian provers a very able physician, a form of balanitis occurred in the course of his experience. The urine is scanty and dark brown in colour—"thick, like beer," is one description.

* *British Journal of Homœopathy*, vol. viii., p. 482.

In the female organs of generation the changes noticed are chiefly a very severe pain in the region of the right ovary, as though there were a sore spot which caused an irritation and a dragging; this pain extended down to the thighs while at rest. This ovarian pain is aggravated by pressure. Menstruation is too early and too profuse.

These symptoms, taken together, resemble a case of ovarian congestion giving rise to metorrhagia. You will also remember that it is a medicine which has been found to meet vicarious menstruation.

Leaving the abdomen, we shall pass next to the respiratory tract, and examine the influence of *bryonia* upon it.

We find that there is evidence of at least simple catarrhal inflammation extending from the nasal mucous membrane to the larger bronchi. Thus coryza is profuse and fluent; tickling in the larynx, dry hacking cough, irritation in the larynx as if from smoking, and some hoarseness, are observed; also dry cough early in the morning; cough with expectoration of gelatinous mucus in the morning; respiration is short and hurried; constriction is felt in the chest with sore pain on the inner surface of the sternum.

So far we have here a picture of a form of catarrh commonly met with, and one which has been repeatedly checked by *bryonia*.

Dr. Trinks, in the paper to which I have already referred, describes the cases of this kind in which *bryonia* is suitable, in the following words:—"There is," he says, "a dry, more or less severe cough, often rising to the point of retching, which is excited and maintained by a constant tickling in the lower part of the trachea or under the breast bone, which is more severe by day than by night, and forces up only a very small quantity of clear and sometimes blood-streaked expectoration; gives rise to a feeling of being shaken in the abdomen, or in the chest and head, making the patients often complain of an extremely annoying pressure under the sternum, which confines the breathing. These states occur frequently in elderly persons, with stopping of the nose, running from the eyes, and derangement of the stomach at the beginning and end of winter."

It is not, you will observe, in acute, deeply seated bronchitis, with profuse expectoration, that *bryonia* is a remedy—in such cases it literally does no good at all—and there is no reason why we should expect it to do any—but in

harsh, dry, catarrhal irritation of the larger bronchi, practically without expectoration, but with no small amount of local soreness. When in these cases expectoration increases in amount with a loose, exhausting cough and a good deal of dyspnœa, *ipec.* will have to be substituted for *bryonia.*

On the other hand, we have evidence in abundance of the power of *bryonia* to inflame the pleura, and also the air cells of the lungs.

It gives rise to great oppression of the chest; dyspnœa; an attack of stitches in the side; on respiring, a stitch in in the upper part of the chest through the shoulders. "The chest," says Dr. Landermann, one of the Vienna provers, "was very sensitive with stitches on the left side of it on inspiration during the whole forenoon." And again, "short but violent stitches in the right side of the chest, so that he was obliged to hold his breath and could not cry out. Tearing stitches on the left side of the chest, which extend from behind forward, which are relieved during rest, and aggravated by motion or on taking a deep inspiration. The pectoral muscles do not seem free, especially on taking a deep inspiration." Dr. Wachtl felt a dull pain in the left side of the thorax and region of the lower angle of the scapula; it extended from behind forward, lasted several seconds, and caused a necessity for deep breathing.

The occurrence of acute stitch-like pains in the chest, with oppressed breathing, is repeatedly remarked by different provers. This symptom, together with the scanty expectoration, and a sense of burning in the chest have led to its use in pleurisy and pleuro-pneumonia, and with the best results. It is serviceable also in some cases of pneumonia, when the exudation is more plastic than in those to which phosphorus and tartar emetic are homœopathic.

With the exception of the action of *bryonia* on the skin, which is slight and limited to the production of an occasional papular eruption, we have now only to consider its influence on the joints and muscles.

Pains in the muscles of all parts of the body and in the joints of the extremities were experienced by almost al provers. Drawing, stiff, tight and shooting pains were felt in the nape of the neck and dorsal region. In the lumbar region pain is described "as after long standing." Pain is pressive, bruised and stiff.

In the shoulder joints pains are sticking, tender on pressure, and tearing. The following extract from Pro-

fessor Zlatarovich's proving,* which describes the symptoms he felt when taking large doses of *bryonia* is suggestive:

"Tearing in the right shoulder, with increasing discomfort; this increased for half an hour, so that he must move the arm involuntarily backwards and forwards. In the afternoon, in the open air, the arm was nearly painless; after going into the house the pains were renewed. Especially troublesome was the sensation bordering on paralysis. He could hold nothing firmly with the hand, and on attempting it, as in writing, the pains in the shoulder increased and became violent, even continuing after the hand was rested. On rubbing the hands together, the right one seemed thicker than the left. Violent tearing pains in the right shoulder and upper arm, so that the arm could scarcely be moved. At 6 a.m., after rising, the pain became greatly relieved, and disappeared after half-an-hour. At 11 a.m., while walking in the open air, the pain in the arm remained, though it was not so severe, and alternated with some pain in the right hip. At noon, in the arm the pain was only in the shoulder-joint, but so violent that the arm could scarcely be moved; after half-an-hour it disappeared, and was followed by creeping and crawling along the ulnar nerve, with a sensation of coldness in all the limbs."

Under the influence of *bryonia* the arm and shoulder-joint are painful and swollen. So too are the elbow, wrist, and finger-joints. In the latter the fingers are stiff and swollen, and hot. Similar pains have been noticed in the hip, thigh, and knee, as is seen in the following observations:—

"Pressive pain in the left hip joint, aggravated by motion, after half an hour; this pain extends after a little while to the right hip, then it suddenly leaves the left hip and attacks the inguinal region of the same side, especially the tendinous fibres which form the inguinal ring; even after an hour there is slight sensitiveness of both hips. . . . . Great painfulness of the right thigh; the pain comes from the head of the femur, extends along the anterior surface of the thigh to the knee, is most severe about the middle, and disappears in the night; aggravated by motion, although it does not entirely disappear during rest; on motion, the pain is drawing—tearing; during rest

* Allen ii. p. 284.

there is a paralytic sensation. . . . . Pain in the right knee, on the inner condyle of the femur. Pain in the right knee, so that in the evening he could scarcely walk, and was obliged to keep the leg very quiet; the inner side of the knee was very painful to the touch; the next morning, while in bed, there was no pain, but after being up awhile, the pain returned."

In the muscles of the calf the pain is bruised and cramp-like. The ankle is swollen, stiff, and immovable, so likewise are the toes.

The following is a graphic account of the action of *bryonia* on the feet by Dr. Price, who contributed a proving to the *American Homœopathic Observer*, made with doses of 20-50 drops of the tincture:—

"Sore feeling near the middle of the tarsal bone of the great toe, left foot, before getting up in the morning; on walking down to my office, about three quarters of a mile, after breakfast, the foot became so painful in that region that I could scarcely walk, the farther I walked the worse it became; I felt as if the ligaments had been sprained; I forgot that I had taken *bryonia*, and supposed I was getting the rheumatism; I took a few globules of *caulophyllum* 3rd; it soon got better, the pain passed off with a comfortable sensation of burning, very much like an injured part does 'when it stops hurting.' On walking out about 11 a.m. the pain returned again, but was not so intense as in the morning, when it was so severe as to make me walk lame. This time it also affected the right foot slightly in the same place for a short time; took *caulophyllum* again, when it again got better, but came back slightly at night (14th day). Foot a great deal better to-day, it only pains now when walking; the pain has moved down into the large joint of the great toe; it feels when I stand or step on that foot as if the joint had been sprained; sometimes it has felt, when treading with that foot, as if the joints were giving way or spreading apart (16th day). A very slight degree of pain in joint of big toe this morning, still aggravated by walking. For several days the skin over the tarsal bone of the big toe has been swollen and inflamed; it has nearly disappeared this morning. The soreness appears to be in the sheath of the tendon, but principally in the periosteum and ligaments; there does not appear to be that swelling of the joints, stiffness, and dread of motion

that usually characterises rheumatism; but motion always increases the pain (19th day). Large joint of great toe continues to hurt me when walking; yesterday the corresponding joint of the next toe pained also; sometimes it is perfectly easy when at rest, sometimes it is not; the sensation is still that of having been sprained (24th day). The joint is better, but there is a great deal of soreness all along the top of the metatarsal bone of the great toe; there is also swelling, redness, and great engorgement of the veins, so much so that I am afraid of a permanent varicose condition of them. Took *hamamelis*, 3rd dil., 2 drops, and used tincture externally (26th day)."

Of the general action of *bryonia* on the muscular system the following description by one of the Austrian provers is a good illustration:—

"He was unable to lie stretched out without violent pain in the sacral region; sitting up, lifting or turning the body increased the pain; he found himself relieved when at rest with the body bent forward; he arose out of bed with great difficulty; putting on the clothes was very difficult, on account of the violent pain in the sacral region: walking in the street caused great exhaustion; going upstairs was especially troublesome; walking caused such intolerable pain that he was obliged to be taken home in a carriage; he went to bed; the pain extended from the lumbar and sacral regions in part along the spine, in part down towards the legs; on attempting to raise or stretch the legs, or to raise the body upright, the greatest pain; every slight touch of the spine, especially in the lumbar region, increased the pain; urination much increased; urine yellowish-red; fever moderate; pulse full and hard (3rd day)."

The similarity presented by these symptoms to rheumatism, both articular and muscular, is great. Guided by them and by other similar symptoms, *bryonia* has been repeatedly prescribed in both acute and chronic rheumatism with the very best results.

The pains are all worse on motion, are more severe in the joints than the muscles, and still more so in the small than the large joints.

In rheumatic fever it is commonly given, either alone, when all the advantage that can be obtained from *aconite* has been derived from it, or in alternation with that drug.

There is one condition yet remaining deserving notice, though I am not at all sure that its homœopathicity is capable of demonstration. I, at any rate, can find nothing in any proving to justify it—it is the use of *bryonia* in inflammation of the mamma during lactation. It is said by Dr. C. Dunham and Dr. Hughes and others to be of use here, but in the cases I have met with I have seen such great advantages from *belladonna*, and in later years from *phytolacca decandra* that I am not in a position to say anything about *bryonia* here from a clinical point of view.

The dose in which *bryonia* is given varies from one or two drops of the pure tincture to the 3rd and 6th dilution, and even higher. In Tessier's cases of pneumonia the 15th was used.

My colleague, Dr. Dyce Brown, tells me that he has found far greater advantage from the 3rd centesimal dilution than from any other.

Tunbridge Wells,
April 25th, 1883.

ON A NEW VIEW AND TREATMENT OF ACUTE RHEUMATISM.

By Dr. John Wilde, Weston-Super-Mare.

In the *British Medical Journal*, a short time back, there appeared a paper by Dr. Harkin, of Belfast, in which he refers to thirteen reported cases of acute and subacute rheumatism treated by him "with a topical remedy, and without administering a single dose of medicine." He says: "I venture to predict that should the pathology of gout be found to be identical with rheumatism, it might be discovered that, owning a common origin, they might also prove amenable to a similar cure." Shortly afterwards, a typical case of gout having occurred in his practice, he "applied the same topical remedy with the happy result of a cure."

Now, the "topical remedy" here alluded to, was simply a blister applied over the region of the heart. No medicine was given.

These two cases, one of gout and one of rheumatism, which were very severe and well-defined, were treated with and cured by a blister over the heart.

Dr. Harkin draws the inference that as these two diseases, generally considered so distinct, were cured by the same remedy they must have a common origin. It is unnecessary to give the details of the cases, but I may state that in the case of acute rheumatism "there was no perceptible cardiac ailment, while in the case of gout there was "protracted weakness and rhythmical deficiency of beat." With the case of gout I have nothing to do.

The question which will be asked by those who read this, will be, "what on earth induced Dr. Harkin to put a blister on the heart of a man with acute rheumatism who had no perceptible cardiac ailment?" Well, it was not exactly as a matter of routine, but it was because of the success he had met with in thirteen similar cases by following this treatment. But, then, upon what theory is a blister put over a heart not apparently affected? Let us hear Dr. Harkin's own statement. He says: "As to the pathology of rheumarthritis (rheumatic fever), my conviction is that it is essentially a specific form of endocarditis of neuropathic origin, generally allied with myocarditis; that in its unchecked progress it speedily modifies the composition of blood, the innervation and calorification of the body in its ordinary course, giving rise to lesions in the textures, the joints, pericardium, pleura, the neurilemma, the meninges of the brain—in fine, in any organ accessible to nervous or arterial influence. Pathologists, such as Pfeuffer and Hueter, quoted by Senator in Ziemssen's *Cyclopædia*, also look upon cardiac disease as the primary change, and articular troubles as the consequence. Hueter states 'that endocarditis may be present without giving rise to either subjective or objective symptoms; that it may very well precede the inflammation of the joints, even although not recognised till afterwards.' And he goes on to say: 'Its presence (endocarditis) may be assumed in those cases which appear to run their course without any cardiac complication whatever.' According to Watson, Hope, Groves, Fuller, and others, endocardial and exocardial inflammation may occur as the first, and be for some time the only local symptom of the disease; and the cardiac complication sometimes precedes, even by several days, the access of articular redness and swelling (Aitken)."

Dr. Harkin then goes on to defend his practice of using a blister over the heart on purely scientific, *i.e.*, physiological grounds, which would take up too much space to

here reproduce, but it comes to this: that counter irritation over the region of the heart, by curing the endocarditis, cures the arthritic inflammation, because the heart mischief is the primary cause of it. He quotes Cullen, who says: "remedies cure diseases only in so far as they remove their proximate causes;" and he draws the inference—"when, therefore, a blister over the region of the heart cures endocarditis and its articular complication, it would surely not be unsafe to infer that the proximate cause is located in the heart."

Now if the view here taken of the pathology of acute rheumatism be correct, and there is a good deal to be said for it, it has a very great interest for homœopaths. We, of course, shall not imitate the method of cure, but the correctness of the theory of Dr. Harkin is, in my opinion, greatly confirmed by our own treatment. Our chief remedies in acute rheumatism have been *aconite* and *bryonia*. It is quite unnecessary to point out the influence of *aconite* on the heart. I have cured rheumatic fever with that drug alone; but as regards *bryonia*, we have not been in the habit of crediting it with much influence in cases of cardiac complication. But have we understood the pathogenesis of the drug correctly?

If we turn to Allen's *Materia Medica*, I think we shall find unmistakable signs of the influence of *bryonia* on the heart, both in the "chest" and "heart" sections. We know that it has great affinity for the serous membranes, and it would be strange if the lining of the heart escaped its action. Dr. Hughes does not specifically allude to its action on the endo-cardial membrane, but he may probably admit of it in the following sentence in third edition of his *Pharmacodynamics*. He says: "This action of *bryonia* extends all over the serous membranes which cover the thorax and abdomen, and the organs situated in these cavities." These words strictly refer, in the thorax, to the *investing* membrane of the lungs and heart, and can scarcely be said to give warrant to the interior lining of the heart being within the sphere of the action of the drug.

If it be the case then that *bryonia* as well as *aconite* can cure an endocarditis, and that affection is proved to be the origin of the arthritic disorder, we can understand the reason why acute rheumatism so often yields to the administration of this remedy.

Of course, as homœopathists, we take into consideration the whole picture of the disease, and *bryonia* "has" the articular symptoms as well as the heart ones; but it must be a great satisfaction to us, as pathologists, to know that in using the drug we are using one whose pathogenesis has the whole pathological condition which we have to cure. It is on this account that I have thought Dr. Harkin's papers worthy of reference in the pages of the *Review*.

Supposing that gentleman's views of the disease to be correct, it behoves us, in treating acute rheumatism, to keep the heart condition in mind, *even when neither subjective nor objective symptoms point to the heart being affected.*

We have seen that endocarditis may exist without any symptoms; and therefore if articular inflammation exists (always supposing the above theory of Dr. Harkin's to be correct) we shall be justified in selecting our remedy from those which have that inflammation combined with, and, if possible, originating in cardiac mischief.

If the line of conduct here recommended is correct, and I speak with great diffidence, it illustrates the necessity of defining more closely what we mean by treating a case symptomatologically, for there may be cases where hidden and unmanifested symptoms may exist which may be the origin of a train of manifested ones, and the latter cannot be cured without a knowledge of the former. Hence a true organopathy leads to a true homœopathy. In chronic disease we can usually only treat according to symptoms manifested. This arises from the imperfection of our knowledge, and not from organopathy being fallacious. If we cannot always tell the organ which is affected we can utilise all the symptoms we obtain, and we generally succeed in affording relief.

It is an *abstract* truth that every disease should be treated according to its symptoms, but it will never be a *concrete* one until the sciences which aid medicine are perfect, because there will be ever hidden from our knowledge the *remote* causes of disease. The proximate causes lie within our ken, and science helps us daily in tracing these causes to a more remote origin; but we are, and shall be continually baffled in our pursuit, for the real origin o disease lies not in material organisms—bacilli, bacteria &c. These are merely products of disease already ther True, you can propagate from these organisms, but that no proof they are the origin of disease. Hahnemann h

a keen insight into this subject, but he gets little credit for it in this materialistic age.

Every disease has more symptoms for one scientific man than for another; because, while the subjective points belong to the patient to describe, the objective ones greatly depend on the knowledge and skill of the doctor, and the nature of the instrumental, chemical, or other means at his command and within his reach. A symptom has a very wide signification. A case of acute rheumatism may not show endocardial inflammation to every skilled mind, or it may indicate its presence to one man and not to another. Nevertheless, *if pathology proves that it always occurs prior to, and accompanies rheumatic fever, it is a true symptom of that disease*, whether discovered or not by the physician, and a homœopath must recognise it and treat it accordingly.

Now, whether the view of Dr. Harkin (which, by the way, is that of men of much higher authority) be correct, or not, the ideas to which it gives rise are none the less interesting, because there must be hundreds of cases of a similar kind which are real enough, where accident only enlightens us, and they illustrate the weakness of our knowledge in the presence of disease, and should make us humble.

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

What they mean, and their treatment according to homœopathic principles.

By Dr. Med. Bernhard Hirschel, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

Fifth Section.

*The Physical Diagnostics of the Healthy and Diseased Stomach.**

The investigation of the stomach by means of its physical signs is, under certain circumstances, associated with

* Bets. *Memorabil.* iv. 2 has treated this subject in so terse and original a manner, that we cannot do better than recapitulate this section, with slight omissions.

greater difficulties than that of the lungs. In order to be able to employ the physical signs of the stomach for the purposes of diagnosis, it is necessary, besides the knowledge of its normal position, also to know what changes in position, form and contents it experiences, what neighbouring organs may produce deceptions in its examination, &c., &c., circumstances which, if we do not know beforehand, will never clear themselves up spontaneously.

There is also a kind of preliminary discipline, without which the necessary certainty in the examination of the stomach will never be attained, but which in spite of this is deficient in manuals of special pathology. We must pay attention for instance, and by way of example, to the following particulars.

An hypertrophied left lobe of the liver may cover the anterior wall of the stomach, especially that of the pylorus, either entirely or partially. The left lobe of the liver is sometimes shrivelled to an egg-shaped tumour, which lying in the middle of the epigastrium, may easily be mistaken for medullary sarcoma of the stomach. In atrophy of the left lobe of the liver, where, particularly, it proceeds from left to right, which may be so pronounced that it scarcely amounts to an inch in width, the anterior wall of the stomach will be free, and may touch with its whole surface the walls of the abdomen, under these circumstances the stomach will be found immediately behind the xyphoid process. The greater curvature of the stomach has been seen rising about the inferior edge of the liver, and the liver partially covering it. In hypertrophy of the right lobe of the liver, in tumours in and near the right lobe the stomach is quite pushed out of the medial line, and driven quite under the left ribs. The stomach may adhere by its anterior wall to the posterior surface of the liver—still more important are the reciprocal relations of position between the stomach and the colon transversum, which since its length usually exceeds the transverse diameter of the abdomen, may change its position from the scrobiculus cordis to the promontory of the sacrum, and thus take on the most diverse bendings and directions. If the colon transversum is blown up with flatulence, it needs more space, and makes more curvatures and sharp bendings than when it is contracted. The stomach may when it is full and the body at the same time in an erect position depress the transverse colon, and this latter may push the stomach, when it is empty and contracted,

under the liver. The distended transverse colon sometimes forms a loop on the anterior wall of the stomach, the upper part of which ascends to the diaphragm. The transverse colon may slip away over or above the stomach. We have already seen how it has wedged itself in between the liver and the stomach; if the former is filled with fæces or wind, a pressure arises on the latter, and occasions various troubles, indeed in the first instance a carcinomatous degeneration of the stomach may very erroneously be diagnosed. But the transverse colon has been found not only over but under the stomach. Sometimes the left flexure of the colon forms such a large loop, that it mounts up and lies between the fundus of the stomach and the ribs; this presses away the stomach from the left ribs, and pushes away its fundus against the medial line of the body. If the transverse colon through any cause is made to descend, it depresses the stomach to a certain degree, which then touches in a larger extent the anterior wall of the abdomen. The omentum also exerts on the position of the stomach a great influence, and its different displacements by omental herniæ must not be lost sight of. The omentum, by its pulling, may produce a dilatation of the stomach; the stomach also frequently expresses a sort of cracking from omental herniæ; the most frequent occurrence is perhaps that the stomach is drawn downwards and inwards by the omentum. The distended small intestines, pregnancy, ascites, fibrous tumour of the uterus, &c., push the stomach upwards and usually under the left ribs. By a low position of the diaphragm to the left especially, as in emphysema of the lungs, pleuritic exudations, hydrothorax, abscesses of the diaphragm, deposits of fat upon or under the diaphragm, &c., &c.—the stomach is pressed downwards, and consequently is brought into contact with the abdominal wall to a greater extent; and conversely in diseases which occasion a diminution of space in the left thorax, as in cirrhosis, tuberculosis of the left lung, the stomach lies higher than usual. With this naturally concurs a higher position of the diaphragm. Respiration has, when it is easy, no influence in the movements of the stomach, in full breathing the stomach rises and falls somewhat with the diaphragm.

The fundus of the stomach generally rests upon the spleen as upon a bolster, yet the spleen has been found forced up by the extension of the stomach upwards between the cœcum (blindsack) and the diaphragm; a depression of the spleen

will also have a deeper position of the fundus of the stomach as a consequence. Schirrus of the pancreas may cover the pylorus portion of the stomach, or push it up higher, by which a schirrus of the pancreas may easily be confounded with a schirrus of the pylorus.

On the place also where the stomach covers the pancreas, adhesions may easily be formed between both organs by schirrus, &c., &c., which may even lead to a perforation of the former. We must not always imagine the stomach a distended and filled organ. The stomach may be at birth of unusual smallness, the cœcum may be large. After digestion a sound stomach contracts; by fasting it may become so empty that the walls may touch. Generally the small stomach conceals itself below by the mounting up of the transverse colon, by which it is withdrawn more and more from physical examination. This, however, is not always the case. The stomach also is contracted in the female sex by chronic vomiting, in brandy-drinkers, by cancer of the cardia making strictures, by troubles in the œsophagus of an obstructive character, &c., &c.; also in total or partial fibro-carcinomatous (inflammatory) infiltration the stomach is unusually small. Cancerous swellings which are developed on the walls of the stomach have generally no influence on its size and extent. In contractive cancer of the pylorus, the stomach is dilated. The dilatation of the stomach has different degrees. It may be so dilated as to be no longer covered by the ribs; that its anterior wall takes in not only the epigastrium, but the mesogastrium; indeed, the dilatation of the stomach may reach so great a degree as to be in contact with the whole anterior wall of the abdomen, as to extend to the level of the ramus of the os pubis, even to the cavity of the pelvis. In such a case, not only the transverse colon but also the small intestines lie generally behind it. It slides almost over the intestines, and may exercise such a pressure on them that they are nearly free of air. The pylorus then correspondingly sinks down. The stomach has also been found in the cavity of the pelvis as a congenital anomaly. If the stomach is distended, it does not make, as is generally supposed, a twisting on its axis, so that the great curvature turns forwards or upwards; but it is depressed, especially in the upright position, precisely downwards, pushing down the transverse colon before it; in a horizontal position the distended stomach pushes the

liver and the diaphragm, and with these the heart and the left lung especially upwards, whilst it takes up the space between these organs and the transverse colon. Of course all this in a presupposed mobility of the affected organs. Indeed, frequently as we find in *post mortems*, either from the distension of the intestines with gas, or a similar distension of the stomach, or on account of the immovability of the liver, the great curvature is pushed up against the abdominal walls. It becomes a question, however, whether such a quarter-turning of the stomach can occur in the living body. I am disposed to doubt it, and to ascribe the above-named occurrence of the great extrication of gas in the intestines or to the horizontal position of the dead body, and to treat it as a simple *post mortem* appearance.

The stomach sometimes assumes a perpendicular position. Its pylorus, for instance, is very slightly fixed, easily dislocated by pullings, through the use of heavy foods, schirrus, &c., &c., whilst at its cardiac end it is capable of no locomotion. The perpendicular stomach increasingly lies upon the left side of the body, and loses more or less its normal figure, because the food collects more towards the pylorus than in its normal state, and dilates this part. Heavy foods press the stomach down more strongly than lighter; it moves then continually and increasingly downwards and to the left from the navel. In intussusception, which draws in the transverse colon and the omentum as it goes on, the stomach is more or less dislocated, through the omentum and indeed in intussusception to the right side, to the right side and medially, in left-sided to the left. The stomach may come to lie either merely with its walls or with a larger or smaller portion of its circumference in a rupture or hernia ventricular, umbilical or inguinal, &c., &c. In hernia diaphragmatica the stomach is not rarely found generally accompanied with a link of intestine in the left cavity of the chest, also after wounds of the diaphragm it has been seen forced up into the cavity of the pleura. The anomalies in form of the stomach are various, and I do not touch upon the form of the infantile and female stomach, as not having interest for our object. The stomach may be divided into two parts, as congenital malformation; through schirrus, adhesions, &c., &c., many deviations may occur in its form.

In conclusion I should have had to mention also the changes of the position of the contents of the stomach in

the different positions of the body, had not these a more fitting place in the physical examinations of the stomach.

The means and marks by which we apprehend and inquire into the stomach are the following:—

A. Inspection.

Inspection of the region of the stomach is to be treated of as the first act of physical examination of the stomach. The filled stomach in the normal position, and upright position of the body presents a transverse bulging out in the epigastrium, which in the horizontal position and inclination of the body to the left side is lost sight of, because the food sinks more to the fundus and to the back and left. The arching in the upright position is principally occasioned by the fulness of the pylorus portion. When the epigastrium is sunk deeply in a hollow, and the ensiform process as well as the arches of the ribs are prominent, we may suppose that the stomach is more or less fallen together, but this is more true of the portion appertaining to the pylorus lying in the epigastrium, since a great part of the fundus is generally hid under the left ribs. A dilatation of the epigastric region is, however, not always occasioned by the stomach, but it may depend on the transverse colon, on the left lobe of the liver, &c. To clear this up we must call to aid the other physical means for the exploration of the stomach. In several kinds of business the upper belly of the rectus muscle is particularly strongly developed, and we must pay particular attention not to take this for arching, or tumours of the stomach. The same holds good when the muscular belly of the rectus is strongly contracted. Schirrous swellings, which belong to the stomach, lie more rarely on the right of the linea alba, but on or generally to the left of the linea alba above, with, or below the umbilicus, participate when they are movable, sometimes in the movements of the stomach in respiration, as well as in its other changes of place. Considerable schirrous swellings sometimes make themselves known by external prominences of different degrees of roundness, oval, or covered with knots. Sometimes the peristaltic contractions of the stomach, which especially belong to the pylorus portion, can be seen when the walls of the abdomen are thin. These vermicular contractions, which appear as curling, tolerably quick undulatory movements often occur,

specially from simple hypertrophy of the walls of the stomach. Bamberger observed in such a case, constantly a tolerably deep middle constriction, by which the stomach took on a figure of eight visible upon the walls of the abdomen. When tumours of the stomach lie upon the aorta, or any other large artery, the imparted great pulsations are often visible in the region of the stomach. In considerable contraction of the pylorus, with consecutive dilatation of the stomach, this last is frequently marked for the sense of sight as an arching, taking up the epi- and mesogastrium, roundish, with the convexity directed downwards.

B. Palpation.

It is clear, properly speaking, that this diagnostic aid is only applicable to the stomach when it lies entirely or partially under the anterior abdominal wall; palpation also yields no result when the stomach is quite empty and sound. The resistance of the full stomach varies according to its contents. The stomach filled with food of a good consistence offers, especially in an upright position, a great resistance to the touch; if the contents are rather fluid, a more fluctuating and in certain circumstances, *e. g.*, in great flaccidity, a superficial position and dilatation of the walls of the stomach, a vibrating. This vibration of the walls of the stomach occurs frequently when the stomach adheres to the anterior abdominal walls.

When the touch is light and quick, a sort of fluctuation is felt. Sometimes the stomach feels—especially when much dilated, and the abdominal walls are thin and flaccid, and its contents are simply air—elastic like an air cushion, or like an egg without its shell. If the stomach is distended with gas, the gas escapes by way of the œsophagus; this happens in several examinations, often on slight pressure, in pregnant women and quite small children, often in merely rising up. In thin persons the coronary arteries are felt at the large curvature. Its pulsation is distinguished from that of the abdominal aorta by its pulsation going crossways, that of the abdominal aorta lengthways. The coronary artery also takes up a smaller space.

If the walls of the stomach are to a great extent schirrously infiltrated, callous, instead of a circumscribed swelling only a considerable hardness and resistance is felt, which comprises the region of the stomach. The touch of different

kinds of cancer yields different results; we at one time feel a round oval, wrinkled, uneven, at another a hard, elastically soft, or at another a movable or immovable tumour; such a tumour is always in reality less than it appears to be when felt through the integuments of the abdomen. Schirrus of the pylorus lies sometimes between the umbilicus and the ensiform cartilage. In order to ascertain whether a tumour of the stomach is movable, we must make pressure not upon the swelling, but bring it to bear under the swelling, and then attempt to push it upwards. Schirrus of the stomach is generally rough, ulcer of the stomach rather even and flat, when it lies on the anterior wall of the stomach and is tangible. The ulcer of long duration, when it is located on the anterior wall, adheres to the abdominal walls. Sometimes a schirrus on the posterior wall is only to be detected by strong pressure. We try palpation of the stomach generally in relaxed abdominal walls and in a horizontal position, because the swellings of the stomach are better to be apprehended by touch; with this it is well to push a cushion under the sacrum; yet we must in an exact examination touch the stomach also in the upright position, and indeed with the body propt on the knees and elbows. I very often permit the abdomen to be drawn in by the patients, by which means many swellings suffer themselves to be circumscribed and clasped. The non-discovery of any tumours by palpation is no proof of their absence in the stomach, since they may exist in the parts of the stomach covered by the ribs. Schirrous tumours lie often for a long time in one and the same place, without being adherent to the anterior wall of the abdomen, which may lead to the supposition of their being adherent. As to the tenderness of the stomach, you may often get more light from the physiognomy of the patient, than from his words, because patients will appear not tender.

DISPENSARY CASES.

By Giles F. Goldsbrough, M.D.

The following cases, occurring in ordinary dispensary practice, present in themselves no features of unusual interest; but they serve to illustrate under the homœopathic rule of selection the possibility of cure by one medicine alone of affections of some standing, and concerning which it can scarcely be said the patients would have recovered if

left alone under the benign influence of the *vis medicatrix naturæ*. Under such circumstances, they are deemed worthy of record, and in addition, they offer a slight testimony in favour of medium and lower dilutions.

1. Intermittent Fever. J. C., age 34, bricklayer, came on August 23, 1881. He first had ague ten years ago, but cannot give a history of its cause. Since then he has had repeatedly recurring attacks for which he has been treated at St. Thomas' Hospital. It returned fourteen days ago, and he has had a paroxysm every other day up to and including yesterday. The time of onset is not noted, but he describes the paroxysm as beginning with chills and thirst which last about an hour, then sudden heat, with throbbing bursting headache, his head being so heavy that he cannot hold it up, and aching pain in the lumbar region. Thirst is less during the heat, and profuse sweat follows almost immediately. He gradually cools for three or four hours and is left in a very prostrate condition. To-day, (that is, on date above noted), he is very weak, has no appetite, complains of a stitching, tearing pain on micturition, the urine being loaded with lithates. Bowels regular. *China* 1 c. gtt. ij. every three hours was prescribed.

August 29th. Has had no real paroxysm since taking the medicine. Complains of a dull, heavy headache, with soreness of the scalp. *China*, 2 c. gtt. ij. as before.

September 8th. Had no further paroxysms. Feels quite well, and has resumed work. The last heard of the patient was during the present year, and he had had no return of his trouble.

It might be objected that this was not a case of true intermittent fever, but only a manifestation of a minor form of the affection, which frequently occurs in persons who were formerly subjected to the full influence of malarial poison. Be this as it may, although it was impossible to verify the patient's description by personal observation, there could be no doubt as to the symptoms from which he was suffering, nor of the fact that he was unable to work for the time he was thus suffering, and it is also perfectly clear that he was promptly and permanently relieved.

Among the remedies which suggested themselves as being suitable—such as *arsenicum, capsicum, cedron, china, natrum muriaticum*—*china* was chosen on account of the simplicity of the case, the almost coincident occurrence of sweat with the heat, and the prominence of the head

symptoms. According to Hahnemann, (*Materia Medica Pura*, vol. i., p. 460, note, Translation by Dudgeon) there is no thirst during the chill of a *china* fever, but in the above case, I take it, this variation was unimportant when the head symptoms were taken into account. (See Symp. 35, 40, 45, 70, &c. in the above mentioned work.)

2. Duodenal Catarrh. Mr. F., aged 34, warehouseman, came on September 27th, 1881. He complains that for six weeks he had been suffering from a severe, dull, aching pain, in the epigastric region, and about a hand's breadth below. It comes on about two hours after breakfast, usually lasts all day, although sometimes temporarily relieved after his mid-day meal, passes off during sleep, and he feels all right next morning. The pain seems to take away his breath; he wants to unfasten his clothes; and there is considerable tenderness on pressure between the epigastric and umbilical regions. Appetite very poor; he is satisfied by very little; is not troubled with flatulence, nausea, or unpleasant taste in the mouth. Tongue coated at the back, slightly in front. Bowels always somewhat relaxed, but no pain or tenesmus in connection with stool. Urine clear and normal in quantity. General languor and unfitness for business. Patient has always been a temperate man. *Kali bichromicum* 3 c. gtt. iij. noctemaneque was the prescription.

October 3rd. Very much better; all the symptoms ameliorated. Continue medicine.

October 27th. Has been nearly well up to to-day, but owing, he says, to over-exertion in business, has had an attack of severe griping pain in the stomach, and soreness of the whole abdomen. The old pain had quite left him except slightly after his evening meal. The tongue is clean, and bowels regular.

Nux vom. 1 c. was prescribed, and patient cautioned as to over-exertion and errors in diet.

November 5th. Nothing to complain of. Since that time the patient has had one or two attacks of the symptoms, which were referred to the duodenum, but they have always been promptly relieved by the *kali bichrom.*

Comments on this case are unnecessary, but the analogous symptoms in the Materia Medica may be found in Allen's *Encyclopædia*, vol. v., p. 238, s. 820 and onwards.

3. Deltoid Rheumatism. Mrs. H., age 40. On November 11th, 1881, had been suffering for some time from

severe rheumatic pains in the left shoulder and upper and and outer part of the arm, sometimes extending to the cervical and intercostal regions. It is aggravated by *much* movement, and always worse when warm in bed. Patient has difficulty in lifting her arm, and cannot put it behind her. General health very good, except an aching stiffness in the lumbar region. *Pulsatilla* 3 c. gtt. ij. every three hours, was considered the most suitable medicine, the patient presenting the usual features calling for that drug, and the pain being always worse in the warm bed.

November 17th. No relief. The only change is that movement now seems to be helpful than otherwise. *Rhus tox.* 1 x. gtt. ij. every three hours.

December 2nd. Still much pain, and it has extended more into the intercostal muscles. Patient has noticed that it is always aggravated in damp weather. She left off the last medicine at the end of a week, on account of the menstrual period. *Dulcamara* 3 c. was now ordered in dose as above.

December 12th. She reports herself as much improved. The arm does not feel nearly so heavy, and there is only little pain at night. Continue medicine.

December 22nd. Patient returned, saying the rheumatism had quite left her. The adaptation of *dulcamara* to rheumatic affections, aggravated during damp weather, is well known, and on reference to the provings it will be found that its pains are usually of a paralytic or convulsive nature. The above, it appears, would belong to the former category if we consider the "heaviness" of the limb, of which the patient complained.

4. Sciatica. December 30th, 1881. W. D., age 50, a widower, and of highly nervous temperament. States that he has suffered from sciatica for three months: been much worse the last two. He dates the onset from taking cold while lying in bed with his window open (to which he was not accustomed). The pain comes in paroxysms, is more frequent in the morning, and always aggravated by movement; it is of a burning, tearing character, beginning in the hip, passing down to the knee and ankle, being especially violent in the calf of the leg. There is often a sensation of numbness and cramp in the calf. The general health is fair.

The choice of medicine seemed to lie between *arsenicum*, *bryonia*, and *sulphur*. *Ars.* has actually produced sciatica

(Allen, vol. i., p. 532), in which instance it arose from carrying the drug in the pocket; and it was suggested further in this case, by the paroxysmal and burning character of the pain, and the neurotic condition of the patient. The two prominent indications for *bry.* appeared to be the aggravation on movement and the ascribed cause of the trouble, viz., cold. *Sulph.* again was likely to be of benefit, having in its pathogenesis tearing pains in the hips, thighs, and extremities generally, aggravated by movement; and it was backed also by clinical experience.—*Ars.*, 6 c., 4 drops night and morning was ordered.

January 5th, 1882. The pain has been worse, more cutting, and very bad in the calf of the leg; still aggravated by movement, and patient fancies it is usually worse after dinner. There has been red sand in the urine for three days this week. *Bry.* 1x., 4 drops night and morning was ordered this time, the appearance of uric acid deposit being taken as an additional indication for the drug. This symptom is not in the pathogenesis, but the writer has often noted it as a valuable clinical symptom to complete the totality.

January 10th. Better. Pain not so cutting, but still worse from movement. No red sediment this week. Continue medicine.

January 20th. All pain gone, and urine clear, but there is an aching and stiffness in the lumbar region when rising from sitting, perhaps caused by *bry.*, and the bowels are slightly constipated. *Sulph.* 6 was ordered, and on seeing the patient a month after, he stated that the lumbar pain went away in three days without any return of the sciatica. The cure of this was attributed entirely to the *bryonia.*

50, Cold Harbour Lane, S.E.

THE RELATIVE SUCCESS OF ALLOPATHIC AND HOMŒOPATHIC TREATMENT OF DISEASES OF CHILDREN.

By A. B. Norton, M.D., O. et. A. Chir., New York.

In the *American Journal of Obstetrics*, for April, 1882, page 506, we find the following report of the Children's Division of Julius Hospital, Wuerzburg, for the year 1872-80, by Dr. Otto Seifert:—

A.—Infectious Diseases.

Disease.	Males.	Females.	Together.	Cured.	Improved.	Unimproved.	Died.	Average Age.
billi	18	11	29	26	...	...	3	9 yrs. 9 mos.
eola	2	...	2	2	...	...	...	4 " 6 "
latina	3	16	19	18	...	...	1	4 " 3 "
oloid	5	3	8	8	...	...	...	6 "
cellæ	4	1	5	5	...	...	...	2 " 5 "
hus abdominalis	18	11	29	26	...	...	3	5 " 9 "
heritis	8	12	20	10	...	...	10	4 "
lera	7	9	16	6	...	...	10	7 " 2 "
ingitis, cerebro-inal epidemic	1	1	2	1	...	...	1	13 "

—Diseases of the Respiratory Organs.

Disease.	Males.	Females.	Together.	Cured.	Improved.	Unimproved.	Died.	Average Age.
nus glottidis	1	...	1	...	...	...	1	7 weeks.
omata laryngis	1	...	1	...	1	...	...	4½ years.
ysis M M, cricoä-en postic	1	...	1	1	...	...	...	4 "
ssis	3	3	6	4	1	...	1	6 "
hitis	7	6	13	8	1	...	4	2¾ "
nonitis	13	15	28	17	1	...	10	5 "
sis pulmonalis	26	17	43	...	7	17	29	6 "
ctasis pulmonum.	1	...	1	...	...	...	1	1¼ "
ma pulmonum	...	1	1	...	...	...	1	12 "
itis	7	3	10	5	1	...	4	5⅛ "
nothorax	1	...	1	...	...	...	1	4 "

ading of this suggested to me the query, how nœopathic treatment of diseases of children com- this?

ıd formerly been resident physician to the Child's ıt the Five Points House of Industry, New York r records were at my disposal, and the results of ion were as follows:—

Infectious Diseases, 1872—1880.

No.	Disease.	No. of Cases.	Cured.	Improved.	Unimproved.	Died.
I.	Morbilli	253	250	...	...	3
II.	Rubeola	11	11	...	...	...
III.	Scarlatina	54	53	...	...	1
IV.	Varicellæ	65	65	...	...	...
V.	Diptheritis	82	81	...	...	1
VI.	Cholera	17	17	...	...	...
VII.	Meningitis, cerebro-spinal epidemic	8	5	...	...	3

Diseases of the Respiratory Organs, 1872—1880.

No.	Disease.	No. of Cases.	Cured.	Improved.	Unimproved.	Died.
I.	Spasmus glottidis	2	2	...	...	...
II.	Pertussis	74	74	...	...	...
III.	Bronchitis	122	114	6	...	2
IV.	Pneumonitis	78	75	3	...	...
V.	Phthisis pulmonalis	41	...	8	5	28
VI.	Pleuritis	20	19	1	...	...
VII.	Laryngo-tracheitis	2	2	...	...	...
VIII.	Croup	33	27	...	...	6
IX.	Hemoptysis	4	4	...	...	...
X.	Asthma	8	8	...	...	...
XI.	Pleurodynia	14	14	...	...	...

Mortality under each Treatment.

No.	Disease.	Allopathic.	Homœopathic.
I.	Morbilli	10.844%	1.185%
II.	Scarlatina	5.264%	1.851%
III.	Diptheritis	50%	3.125%
IV.	Cholera	62.5%	...
V.	Meningitis, cerebro-spinal epidemic	50%	37.5%
VI.	Spasmus glottidis	100%	...
VII.	Pertussis	16.666%	...
VIII.	Bronchitis	30.769%	1.639%
IX.	Pneumonitis	35.714%	...
X.	Phthisis pulmonalis	67.441%	68.292%
XI.	Pleuritis	40%	...

Comment is unnecessary, as these statistics speak for themselves. There are, however, a few other facts, gathered from the records of this institution, which are worthy of especial notice. During the last thirteen years there have been treated at this hospital 69 cases of typhoid fever, of which number only four proved fatal; giving a mortality of 5.79 per cent. Latest old school authorities place the mortality of typhoid fever at from 15 to 20 per cent.

During the years of 1870 and 1871, 21 cases of typhus fever were treated, all of which recovered. Mortality of this disease in children is placed at from 5 to 8.6 per cent.

Gangræna oris is another most fatal disease, of which there have been 39 cases treated during the last 21 years, with only two deaths. In one of these it was complicated with whooping-cough and pneumonia, though the gangrene was under control before death finally ensued from the pneumonia. The success in the treatment of this disease should be considered truly remarkable, as the most favourable statistics of gangrene of the mouth ever published show a mortality of at least 75 per cent.

Not only in the treatment of scarlatina is the superiority of the homœopathic method of cure illustrated, but also in the prophylactic virtues of *bellad.* in a high potency. Scarlatina usually appears one or more times each year, against which it is impossible to provide, owing to the large number of outside children that are daily coming to the school and mingling with the children in the institution, and also on account of the donations of clothing constantly being sent to the house without proper disinfection. But it is a fact worthy of note that within the past 15 years there has never been a second case following an outbreak of scarlatina. This result is attributed to *bellad.* 30 as a prophylactic which is given to every child in the institution immediately on the appearance of the first case. On one occasion the disease broke out in three different departments simultaneously, viz., school, hospital, and nursery, but even then no second case followed.

During the twenty-one years just passed there have been treated in this hospital 18,554 cases, with 138 deaths, mortality .743 per cent. 10,247 have been vaccinated in the same time. To this very thorough system of vaccination is attributed the almost entire freedom from variola; there having occurred during this time only one case of modified small-pox, in the summer of 1881, and this case

had undoubtedly contracted the disease before becoming an inmate of the house, as the child was taken sick only a few days after her entrance.

In many of these years variola in epidemic form has raged throughout this city, and especially so in this most thickly populated portion of the city. In this large number of vaccinations only three cases of any trouble traceable to the vaccination has been observed.

The perfect protection to this institution afforded by vaccination (its location causing it to be exposed to an unusual degree) must be of great weight as evidence of the efficacy and safety of vaccination. The treatment in this hospital has mostly been *strictly* according to the law of "similia," the single remedy usually in the thirtieth potency being administered. Some of the resident physicians, however, have used the lower potencies and alternation of remedies, but with far less success, as is shown by the following statement, taken from the *Homœopathic Journal of Obstetrics* for February, 1881, page 356: "In the Five Points House of Industry, in three years, there were 3,572 patients treated with low numbers and alternation of remedies, with a loss of 44 by death. In eight other years 7,523 patients were treated with high numbers and the single remedy, with a loss of 37. It will be seen that the mortality of the low and alternating practice is something more than twice as great as that where higher numbers and the single remedy was the unvarying practice, *i. e.* of every ten lost in the three years' series more than five might have been saved if they had been treated by high numbers and the single remedy.

The difference is too great, and the record covers too much time, to admit the plea that it was in any part the effect of accident.

It may further be said, in reference to the class of inmates of this institution, that there are constantly in the house from 250 to 300 children of all nationalities, veritably the scum of New York City, gathered from the cellars and garrets of the crowded and filthy tenements of this neighbourhood; they are subject to all forms of constitutional and hereditary diseases, it being truly a rarity to find a healthy child among them all. Scrofulous developments, especially, can be seen here in their worst forms.

REVIEWS.

Gelsemium Sempervirens. A Monograph by the Hughes Medical Club of Massachusetts. Boston: Otis Clapp & Son, 1883. Pp. 105.

THIS elegantly got up little book is the outcome of a careful revision of the cases of poisoning by, and the records of provings and experiments with *gelsemium*, together with discussions on their pathological interpretation, by the members of the Hughes Medical Club of Massachusetts. This club consists of the *élite* of the medical graduates of the University of Boston, and takes its name from our foremost English worker in the department of Materia Medica—Dr. Richard Hughes.

It is welcome on several grounds:—

First.—Because it presents a thorough and careful study of the drug set before us in a manner which enables us to prescribe it intelligently and with confidence.

Secondly.—It shows that, in the United States, there are men both able and willing to work in this most important department of medicine in a very useful manner.

Thirdly.—It is a contribution to the question of how the effects of a drug should be arranged—one that has been a good deal discussed here during the last two years, and one that will be fully and practically ventilated at the meetings of the American Institute of Homœopathy to be held this month at Niagara.

The plan adopted by the Hughes Medical Club is that pursued by Dr. Hughes in his arrangement of *belladonna* for the Hahnemann Publishing Society. Thus we have a botanical description of the plant, an account of its chemical constituents, and of its preparation for medicinal purposes. These preliminary notices are followed by a record of experiments that have been made with it upon the lower amimals, a typical case of poisoning in man, and the conclusions drawn from their experiments by Drs. Ringer and Murrell. The few *post mortem* appearances that have been observed in man are next given. We are then presented with references to the books and journals where the cases of poisoning and provings are to be found which have been regarded as sufficiently "reliable and valuable" to serve as a basis for the investigation of the effects and mode of action of the drug with which the remainder of the volume is occupied. These effects or symptoms are arranged under the nervous system, comprising:—sensibility, mobility, perception, ideation, and emotion, and sleep; the head, face, eyes, ears, digestive system, urinary organs, genital organs, circulating organs, skin, back and limbs, and generalities. Each symptom is numbered, and has also a reference to the case—as given in the list of poisonings and provings—in which it occurred. Further, a symptom given under one part of the body, which was associated with another occurring elsewhere, has a reference to the latter.

Appended to the enumerated symptoms in each section is a commentary, giving physiological and pathological explanations of them, and pointing, somewhat too slightly perhaps, to the diseases in which the occurrence of similar symptoms will indicate the medicine as a remedy.

In examining a plan for the arrangement of the effects of a drug, we must bear in mind the distinction between what is desirable and what is practicable. We must also give due consideration to the real wants of the practitioner of medicine, as distinguished from the desires of the scientific investigator.

It is perfectly obvious, a mere glance at the bibliography of *gelsemium*—one infinitely shorter than that of some drugs, such as *arsenic e.g.*—is sufficient to show that, if full details of each case of poisoning and each proving were to constitute a part of the account of every medicine, the number of volumes required so to present a hundred and fifty or two hundred of our most useful medicines would be too considerable. Yet this is what is desirable—this it is that the scientific investigator demands; but, at the same time, it must be remembered that this is the part of such a work into which the busy practitioner, anxious to consult it in reference to a difficult or obscure case, would never look, so long as he had the tabulated arrangement with its commentary to resort to.

Hence we are disposed to think that an author, on whose judgment and accuracy reliance can be placed, is quite justified in restricting himself to such brief notices of each case as those contained in the work before us.

For clinical purposes the *schema*, given in the manner in which it is given here, is more useful than the details of each case of poisoning and of each proving. A bare enumeration of symptoms, such as we have been accustomed to in Jahr and Allen, is a very different affair from an arrangement which supplies connecting links between differently placed symptoms, and gives a clear scientific interpretation of them.

We should have liked, too, a little clearer definition of the forms of disease in which the medicine will probably be useful; not that such definitions have been entirely omitted here, but they might have been much fuller with great advantage. Were it not that the size of the volume would have been too much extended, we should also have liked to have seen some clinical illustrations of the action of the drug in the several spheres in which it is indicated. Such illustrations are, we are sure, an immense help to a student in recognising the kind of cases in which a medicine becomes a remedy.

Very great care has evidently been bestowed upon the preparation of this little book; doubtful symptoms have been weeded out, as is evident from the fact that the number recorded is 519, while in Allen's *Encyclopædia* it is 682.

One very difficult question has, we think, been rather summarily dealt with. We are told in the introduction that all provings made with dilutions have been excluded. This may be a sound rule with some drugs, and *gelsemium* may be one of them, but it will not apply to all. For example, in the provings of *sulphur* it will be found that many symptoms attributed to the 6th and 12th dilutions are precisely like those given as the effects of the crude drug. Again, the clinical results which have followed from reliance upon provings made with dilutions—as in the case of *natrum muriaticum*—testify that experiments of this kind have a value. The question how far such provings should receive our confidence is, we repeat, a difficult and obscure one. We really know very little about the limits within which a drug will make its presence felt in some human bodies.

In conclusion, we can with confidence recommend this little book to our readers as one from which they will be able to study the action of *gelsemium* better, and to use it as a work of reference more easily and confidently than from any account of the drug which has so far been placed before us. We trust that the Hughes Medical Club will furnish us with many more therapeutic essays of the same kind.

MEETINGS.

LONDON HOMŒOPATHIC HOSPITAL.

The Annual General Meeting of the Governors and Subscribers of the Hospital took place in the Board Room of the Hospital on Friday, April 27th, 1883, at four o'clock. In the absence of The Lord Ebury, the Chair was taken by Major William Vaughan-Morgan (Treasurer), who was supported by the Earl of Denbigh, General Sir James Alexander, R.A., K.C.B., Mr. Chambre, Mr. Trapmann, Mr. F. Rosher, Mr. Pite, Mr. Slater, and Mr. Boodle. Among those present were Dr. Yeldham, Dr. Dudgeon, the Rev. Dacre Craven, Major Bell, Dr. Matheson, Dr. Pope, Dr. Carfrae, Dr. Mackechnie, Dr. Cooper, Dr. Tuckey, Dr. Epps, Dr. Clarke, Dr. Moir, Mr. H. Thorold Wood, Mr. Wyborn.

The Rev. Dacre Craven (the Chaplain) opened the meeting with prayer.

The Secretary (Mr. G. A. Cross) read the notice convening the meeting, also the minutes of the Annual General Meeting on the 27th April, 1882, and the minutes of the Special General Meeting held on the same day.

The Annual Report was then read by Mr. Chambre. It commences by noticing the acceptance, by Earl Cairns, of the office of President, and then alludes to the "Endowed Beds." The Durning Beds—six in number—supported by Miss J. Durning Smith, have been added; one endowed by Miss Barton, and a Cot in the Children's Ward endowed by Mr. and Mrs. James

Torrance Gibb. Another endowment of the same kind, in memory of the late Dr. Bayes, is also in prospect. The alterations proposed to be made by reconstructing and adding to the Hospital the house in Powis Place, and adapting it for the uses in the first instance of a greatly increased staff of nurses, and secondly to reorganise and improve the out-patient department, are next fully described. To enable the board to make these alterations £716 15s. have so far been subscribed, but further donations for this object are urgently needed. The death of Dr. Bayes—"a valued and generous friend of the Hospital"—is mentioned with extreme regret, and the proposal to raise a fund to endow a "Bayes Ward" is also noticed, and a cordial hope is expressed that next year it may become possible to inaugurate such a ward. The arrangements for the incorporation of the London School of Homœopathy with the Hospital are then detailed, but as we have given them in the course of our leading article, it is unnecessary for us to recapitulate them here. The Board expresses its regret, at the loss by death, of two valued colleagues—Mr. Samuel Gurney and Mr. Philip Hughes, whose connection with the Board dates from the opening of the Hospital in 1850. For eleven years Mr. Hughes held the post of Sub-Treasurer, and from 1850 to 1876 was one of the Trustees. Mr. C. G. Walpole has also been obliged to retire from the Board in consequence of his appointment to a judicial post at Cyprus, he has, however, given proof of his continued interest in the welfare of the Hospital by doubling his subscription. General Sir James Alexander, and Mr. J. Clifton Brown have joined the Board. Regret is expressed at the enforced retirement, through ill-health, of Mr. Crampern from the post of Sub-Treasurer. His office has been taken by Mr. Trapmann. Mrs. J. Clifton Brown and Mrs. Pite have been added to the list of lady Visitors. Dr. Dyce Brown's resignation of the office of Physician, is announced with sincere regret, and the Governors and Subscribers are asked to confirm the appointment of Dr. J. H. Clarke as his successor. The report further alludes to the establishment of a special section for the treatment of diseases of the eye, under the care of Dr. Moir. The amateur dramatic performances given by the Thalian Dramatic Company, and by some friends of Dr. Kennedy, of Blackheath, are gratefully acknowledged. Legacies to the amount of £2,500 have been received during the year, and information has been given of another, the amount of which had not been received in time for this report.

The following passage gives the number of Patients received:—

"There has been an increase in the number of In-Patients, and a decrease in the number of Out-Patients. During the year 1882-3 the In-Patients reached the total of 586, a marked increase of 99 over the previous year. The decrease in the number of Out-Patients—amounting to 1,053—is to some extent

more apparent than real, because the number of Out-patients last year included a large number of persons who—under the influence of what amounted almost to panic—came to be vaccinated."

The award from the Hospital Sunday Fund was £191 5s., against £236 5s. in 1881, and £245 in 1880.

"From the Report of the Committee of Distribution of the Hospital Sunday Fund it appears that many Institutions have, in like manner, received smaller awards, and the Committee explain that the fact does not in any way reflect on the merits, or management, of any Hospital so treated. It is due—say they—entirely to the increased number of Institutions participating in the benefits of the Fund, and to the operation of a law of the Fund by which legacies are credited to the income of the year available for the payments of the annual expenses, and so the actual necessities of the Institution are under-estimated. As the Governors and Subscribers are aware, under the laws of this Hospital, legacies are added to the invested fund, and are not available for current expenditure."

The Hospital Saturday Fund shows an increase, being £44 6s. 8d. this year, against £39 7s. 9d. last year.

Major VAUGHAN-MORGAN on rising to move the adoption of the Report said: My first feeling on rising to move the adoption of the Report which has just been read, is one of regret that I should be here in this position instead of Lord Ebury, who, though not here in body is, as we all know, here in spirit. I have received from his Lordship the following letter which shows the deep interest his Lordship takes in our proceedings:—

"Dear VAUGHAN-MORGAN,—I am sorry to say that it will not be in my power to attend the meeting on Friday. Will you be good enough to excuse my absence to the meeting, to tell those who are there how much I regret it, and offer them my best wishes that all will go off satisfactorily to the best interests of our invaluable Institution? Yours very truly,

April 25th." EBURY.

I was rather in hopes that Lord Ebury would have been able to carry out his intention to be present, because, notwithstanding his age and failing sight, he most kindly attended a recent meeting of the London School of Homœopathy, and spoke words which have been very beneficial. I am glad to see so goodly an array of Subscribers here, because it is not always that hospitals can secure at their general meetings a good representation of their constituency. A large hospital in this neighbourhood recently held its annual meeting, when only two subscribers attended. (Laughter). Turning to the affairs of this Hospital it is a source of satisfaction to notice the increase of gross income of the Hospital for the past few years. In 1875 it was £2,699; in 1876, £2,727; in 1877, £3,441; in 1878, £4,749;

in 1879-80, £4,631; in 1880-81, £4,380; in 1881-2, £4,068; in 1882-3, £3,971. There is, happily, a considerable difference in the income of the Hospital in 1876 and the income of the succeeding years, and it is a source of congratulation that although during the year which has just ended we have had in the wards a larger number of In-Patients than ever, and 99 more than in the previous year, the balance against the Hospital is only about £100. Viewed in contrast with the very large balances which formerly used to stand against the Hospital in years gone by, that is a very satisfactory state of affairs, especially when we look at the financial position of many of the very best hospitals in the metropolis. (Cheers). Major Morgan then referred to the necessity of revising the laws of the Hospital, and next noticed the retirement of Mr. Crampern, and the acceptance by Mr. Trapmann of the office of Sub-Treasurer. He then remarked that a special cause of congratulation was to be found in the increase in the number of Endowed Beds. (Hear, hear.) This is comparatively a new feature in our Hospital, and a very gratifying one. Of the munificence of Miss J. Durning Smith, and of a Nobleman who desires to be anonymous, you have heard on other occasions, but their generosity is now supplemented by that very faithful friend to the Hospital, Miss Barton, who endows an Adult Bed at an annual cost of £85, and Mr. and Mrs. James Torrance Gibb, who endow a Cot at a cost of £25 annually. We now come to the most important matter which will be laid before you at this meeting and the special meeting which is to succeed it; I refer to the proposed extension of our Nursing Institute. There can be no doubt that the nurses from this Hospital give unlimited satisfaction, working, as they do, not only under the direction of homœopathic practitioners, but occasionally under doctors of the other school, too. There can be no doubt also that they are a great advantage to this Hospital and to the medical men, as well as in bringing us funds which we devote to the help of the sick poor. We propose to spend—to extend their operations—a sum which, all told, will, I daresay, amount to about £4,000; and, in spending this amount, it must be remembered that we do so with a view to profit. Now, the income from £4,000, at the rate which we are allowed to earn by the provisions of our laws, would bring us about £120 per annum. You have heard that the realised profit from the services of the ten nurses who have, on an average, been constantly employed in out-nursing duty during the past year has been about £160; and when we have increased our staff, I think we may fairly look forward to a profit of quite £480 per annum. We must not forget the value of our nurses as a means of securing gifts and donations to the Hospital. It is natural that when sick people are carefully and conscientiously nursed they should feel grateful, and should

desire to make a substantial expression of their gratitude to the institution which has provided them with an excellent nurse. So that I, for one, see no reason why, ultimately, we should not have an income of £800 or even £1,000 a-year from our Nursing Institute (cheers), from and in consideration of the alterations which we now propose to make. These alterations are not altogether confined to the extensions for the Nursing Institute. We propose to take up and deal with a very old want, which presses for attention more and more—namely, the want of proper accommodation for the Out-Patients' staff, and for the great number of Patients who attend for their advice. I am sure the medical men will value these alterations. But there is a feeling on the part of some of the medical men that we ought not to spend money on our present building. It is a very old and cranky building. (Laughter.) Nothing would please us better than to have a new building, but there are some reasons manifold why we are not tempted to enter upon such an undertaking. If once you enter upon re-building operations, and the contingent liabilities, you are at once in a sea of difficulties and perplexities, and you do not know what expenses you ultimately incur. The present state of public feeling about hospitals is rather lukewarm, and especially is this the case with regard to homœopathy. It has become an established thing; it is looked upon more or less as a regular branch of medical science; there is no fierce opposition to it. If some one would prosecute one of our chief medical men—say Dr. Dudgeon—we might have a rewakening of public sympathy and public enthusiasm. But to justify us in acquiring a new building we should want to ask the public for at least £10,000, in addition to what we should be obliged to take from our reserve fund, and I do not see the possibility of getting it. I do not speak without book. Some three years ago I made an attempt to raise a large fund for this very purpose. I sent to some of our oldest medical friends, and offered to start the subscription with a contribution of £1,000. But their opinion was decidedly unfavourable. Homœopathy is becoming a matter of course, and there is hardly such enthusiasm as will entitle us to think we should succeed in such a venture. No doubt it is a rather desirable thing to rebuild the Hospital and in a more fashionable neighbourhood if we could get the money; but the money does not appear to be forthcoming, and it must be remembered with regard to site (to which allusion has been made), that the present is a very central one, and is surrounded by the homes of the poor whom it is intended to benefit. The real difficulty of any proposition involving the raising of a large sum of money is found in the fact that our medical men do not give us encouragement by showing that they are prepared to advocate the Hospital among their wealthy

patients. The proposed extension of the Nursing Institute is a measure which I feel sure would appeal strongly to the medical men since it provides them with capable and well-trained nurses. But there has practically been no response at all from the medical profession. The members of the Board of Management have between them subscribed £337, and some £400 more comes from their friends and the general public; but of the whole amount promised, not £50 can be traced to the influence of the medical profession, and the greater portion of that is due to our old friends, Dr. Yeldham and the late Dr. Bayes. (Cheers) I do not mention this at all invidiously (hear, hear), but only to show that the Board of Management have received no encouragement to go into the spending of money which depends upon outside help. Well, leaving that subject, the Board have felt it to be to the interest of the Hospital that they should take upon themselves a duty which they were asked to accept by the London School of Homœopathy—namely, the management of the London School of Homœopathy in a re-organised form as part of the Hospital. A full explanation of the circumstances is laid before you in the Report; but you will be asked at the special general meeting to-day to make an alteration in our laws by which the lecturers will be appointed by the subscribers to the School funds. One other matter I should like to mention of a pleasing nature. It was recently ordered that notice-boards should be put up in the Dispensary, asking Patients themselves to give what help they could to the general funds, and very recently we received a letter from a poor man stating that he and his wife were very old out-patients, and seeing the notices, they had saved up the sum of five shillings to send. (Hear, hear). That was a very gratifying instance of gratitude for benefits received; and it is an example which we hope will be followed. With regard to the future it certainly seems hopeful. Major Vaughan-Morgan, in conclusion, said he was sorry to have detained them so long (cheers), but there were many matters of great interest to lay before the meeting. He resumed his seat amidst applause.

General Sir James Alexander seconded the motion for the adoption of the Report, which was carried unanimously.

Dr. Yeldham said they had heard a most interesting and admirably drawn up report read by Mr. Chambre, and had also listened to a very able statement from the gentleman who occupied the chair. He thought it must convince them that their Hospital was in a highly satisfactory state, while some of the larger hospitals were getting deeper and deeper into difficulties. One source of congratulation was that they were paying their way, and were, in addition, able from time to time to put various sums of money into their reserve fund. That very satisfactory state of things could not be brought about without very good

management. He, therefore, had the pleasure to propose a vote of thanks to the Chairman, the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer, for the care and labour they bestow upon the duties devolving upon them. He could not propose that motion without remarking that a very great share of the prosperity of the Institution was due to the most excellent and indefatigable gentleman who occupied the chair. (Cheers.)

The motion having been seconded by Dr. MATHESON was carried unanimously.

Mr. SLATER said he had the honour to reply to that vote of thanks on behalf of his colleagues and himself. The position of the Board of Management was a very onerous one, and the greatest care was necessary on their part to avoid collision with the heads, or bodies, of other people who might be concerned in the matters they had to consider. There was really a wonderful work to be done in the management of a hospital, and the Board had done a great work in connection with that Hospital. (Hear, hear.) Great progress had been made in that Institution within the past few years, and the great difficulties which formerly made the management an arduous matter seemed now to have cleared away. Their Honorary Architect had seen to the sanitary arrangements in a manner which left nothing to be desired in that respect. His colleagues and himself gladly accepted the thanks of the meeting.

Mr. WYBORN said he had the honour to move the re-election of those Members of the Board of Management who retire by rotation, and who, being eligible, offer themselves for re-election, namely, the Earl of Dunmore, the Earl of Denbigh, Mr. Pite, Mr. Slater, Mr. Boodle, Mr. Crampern, and Mr. Rosher.

The motion having been seconded by Dr. TUCKEY was carried unanimously.

Mr. BOODLE moved the confirmation of the appointment of Mr. James Clifton Brown to the Board of Management, and Dr. CLARKE having seconded the motion, it was carried unanimously.

Dr. DYCE BROWN then proposed the confirmation of the appointment of Dr. J. H. Clarke, as Physician in charge of In-patients, and spoke in high terms of Dr. Clarke's ability, assiduity, and attendance on hospital duties.

Dr. EPPS seconded, and the motion was carried.

Dr. CLARKE, in thanking the Governors and Subscribers for the appointment which he had sought at their hands, said he wished he could think he deserved the very flattering eulogiums which had been passed upon him by his predecessor, Dr. Dyce Brown; all he could say was that he would try to deserve them. (Cheers.)

Mr. PITE moved a vote of thanks to the Medical Staff and the

Lady Visitors of the Hospital, and said that they were all indebted to the medical gentlemen who attended to the patients in the wards for their unremitting attention to duty. They were men who enjoyed the confidence of their profession, and their services were of the greatest advantage to the Hospital. As to the Lady Visitors the meeting knew that no words could sufficiently acknowledge their kindness and assiduity in visiting the wards, and paying those kindly attentions which are so valued by the sick. When patients left this Hospital, it was a rule that they should go before the House Committee, and as a member of that Committee he could testify to the most gratifying and grateful expressions of the patients as to the care, attention, and kindness they had received in the wards. All would agree that the best thanks of the Governors and Subscribers were due to these ladies.

Mr. ROSHER had much pleasure in seconding this vote of thanks.

Dr. MACKECHNIE acknowledged the vote on behalf of the Medical Staff, and assured the meeting that their duties in the care of the sick were very pleasant ones.

The Rev. DACRE CRAVEN said he was quite sure the ladies would like him, while acknowledging on their behalf the thanks accorded to them, to say that their duties also were always a source of great pleasure to themselves.

Dr. DUDGEON said he was entrusted with the duty of moving the thanks of the meeting to the Honorary Solicitors and Honorary Architect. He was quite sure that the Honorary Architect had a great deal to do which demanded very much attention. When he (Dr. Dudgeon) came into the room that afternoon he was half inclined to propose that the present scheme for the extension of the building should be abandoned; but from what Major Vaughan-Morgan had stated in relation to his efforts three years ago to start a fund to build a new hospital he could not now make that proposition. At the same time he thought the idea of a new building was not a thing which the Board of Management should altogether lose sight of. Perhaps a little later on some more favourable opportunity might occur for again starting such a scheme with fair chances of success. Now that the Hospital was in such an efficient state the Honorary Architect would have less to do. He did not know whether the Honorary Solicitors had much to do, but if they had he felt sure that it was well done. He had great pleasure in moving a vote of thanks to the Honorary Solicitors and Honorary Architect.

Major BELL rose to second that proposition, and said that his connection with that Hospital was due to Dr. Bayes—(cheers)—and he had come up from the country for the express purpose of being at that meeting, and paying a tribute to his memory, and expressing heartfelt regret at his death. (Hear, hear.) They had lost in him a man of high position, of wide intellectual

capacity, true of heart, noble and firm of purpose. (Cheers.) He (Major Bell) was delighted to hear that the Hospital was in such a satisfactory condition, and that its officers, including those to whom he seconded that thanks be now given, took so great an interest in its welfare and in their special duties, and he hoped that the Hospital would continue to prove its efficiency and worth. (Cheers.)

The Honorary Architect (Mr. PITE) briefly acknowledged the thanks tendered to himself, and said that, unfortunately, the proper performance of his duties in the true interests of the Hospital often involved the spending of money. They however avoided that necessity whenever they could. (Hear, hear.)

The meeting then resolved itself into a

SPECIAL GENERAL MEETING,

And the Secretary having read the notice convening it, which notice set forth the Resolutions to be considered by the meeting.

Major VAUGHAN-MORGAN, as Chairman, proposed the first Resolution as follows :—

"1. To empower the Board of Management and the Trustees to appropriate out of the Reserve Fund, for the use and service of the London Homœopathic Hospital and Medical School, such an amount as will produce a sum not exceeding £2,500, to be expended in the re-construction of the House, No. 1, Powis Place, and the enlargement and improvement of the Out-Patients' Department."

Mr. PITE had pleasure in seconding this Resolution. It was true it involved the spending of money, but those who had fully considered the matter in all its bearings, saw not only the necessity but the value they secured for their outlay. As to the Nurses, to increase the staff of whom the outlay was chiefly proposed, acquainted as he was with their excellence, reliability, consideration to patients, and loyalty to the Hospital, he could not for a moment doubt the wisdom of the expenditure. As to the outlay from a commercial point of view it should be remembered that their Reserve Fund only yielded interest at 3 per cent., while an outlay in the direction proposed would yield a great deal more. Every care had been taken to meet the wishes of the Medical Staff, and to develope fully the usefulness of the Institution.

After some remarks by Dr. CLARKE, Dr. COOPER, Dr. TUCKEY, and Mr. PITE, the Resolution was put and carried *nem. con.*

Major VAUGHAN-MORGAN then moved the following resolution :—

"The alteration of Law XLVIII. of the Hospital to read as follows, in order to enable the Hospital to carry out the propositions of the London School of Homœopathy for its future Government."

OF THE MEDICAL SCHOOL.

"XLVIII.—The Lecturers and Teachers shall be appointed "by the Subscribers to the Medical School, subject "to the confirmation of the Board of Management, "who shall, from time to time, determine the course of "instruction to be pursued, the fees to be paid, and the "regulations to be observed by the pupils or visitors."

It would not be necessary, the speaker said, after the full explanation which appeared in the Annual Report of the matters which had led to this resolution, and the allusions which had already been made to them, to do more than simply move that the resolution be passed by the meeting.

The resolution having been seconded by Mr. BOODLE, was carried unanimously

Dr. POPE then said that he had very great pleasure in rising to propose the thanks of the meeting to Major Vaughan-Morgan for his services in the Chair, and his great services to homœopathy generally, (Cheers.)

Dr. CARFRAE seconded the proposition. They had heard a good deal of the prosperity of the Institution, and he could not help saying that not a little of that was due to the excellent way in which their present Chairman influenced the affairs of the Hospital. As a Treasurer no eulogium would exceed the merits of Major Vaughan-Morgan. (Hear, hear). Carried by acclamation.

Major VAUGHAN-MORGAN said he was always willing and glad to do what he could for Homœopathy, and more especially the Homœopathic Hospital. Among other things which he had recently done was to make an offer to St. George's Hospital to give that Institution £1,000 a-year for five years, if they would spend it in Homœopathic practice in the wards. (Much cheering and laughter.) No notice, however, was taken of it (laughter); still it was an offer, and showed that he believed in Homœopathy. (Cheers.)

The meeting then terminated.

NOTABILIA.

LONDON SCHOOL OF HOMŒOPATHY.

WE have been requested by the Board of Management of the London Homœopathic Hospital to give publicity to the following circular, which has just been issued by them :—

THE London School of Homœopathy was established, and the work of education in Homœopathy commenced there in 1877.

The organisation of the School, and the procuring of subscriptions to defray the expenses contingent upon making it known and conducting its operations, devolved upon and were success-

fully carried out by the late Dr. Bayes, almost single handed. How earnestly and constantly he devoted himself to the fulfilment of the project on which he had concentrated so large a share of his well-known energy, will never be forgotten by those who were associated with him. He realised to the full the importance of there being a centre of education in that branch of medical study for which no provision existed at any medical school in the country. He saw how essential it was for the future progress of Homœopathy that, in their earliest enquiries regarding it, medical men and medical students should have the advantage of the assistance and instruction of physicians of experience and of acknowledged proficiency in the treatment of disease under the guidance of the law of similars.

Efforts in a similar direction had been made many years before, and had failed, partly, because the feeling against Homœopathy in the profession was so great at the time they were made as to render success almost impossible, and perhaps also, in some measure, from the want of complete organisation, and from the lack of effort to make the fact that Homœopathy was publicly taught sufficiently well known.

The time appearing opportune for the provision of a means for its systematic study—a thorough organisation was devised for the attainment of this end, by Dr. Bayes. Lecturers were appointed, classes formed, and the School opened in 1877. From that time until now the objects it was instituted to fulfil have been steadily kept in view; and a considerable number of gentlemen have therein studied the practice of Homœopathy who are now engaged in spreading its advantages amongst their patients.

The number of those who have availed themselves of the opportunities it has placed within their reach has, indeed, been smaller than it was originally anticipated that it would be. That the results achieved have not been greater than they have been is due, in some degree, to a dislike, by some who wish to investigate Homœopathy, to study it in a manner which would be liable to make their wishes too generally known among their professional friends or fellow students.

Notwithstanding this difficulty, that there should exist amongst us an Institution for the public teaching of therapeutics on the only scientific basis known to the profession of medicine appears as incontestable as are the advantages of pursuing its investigation under the guidance and direction of experienced teachers. That those who undertake the homœopathic treatment of disease should have opportunities of so studying it is of grave and serious importance to the public, as well as to the future growth and progress of Homœopathy.

There never has been a time in the history of Homœopathy when the public teaching of it was not regarded as something

highly desirable. It was the intention of the Founders of the Hospital, as is evident in the name they gave to the Institution—"The London Homœopathic Hospital and Medical School"—that teaching, and necessarily the teaching of Homœopathy, should form a part of its functions. Indeed, lectures were formerly delivered within its walls. But circumstances were unfavourable, and the effort was abandoned.

When, however, a proposition was made by Resolution on the part of the Governors and Subscribers of the School that the future control of its affairs should be undertaken by the Board of Management of the Hospital by the union of the two Institutions, the Board saw that an opportunity offered for reverting to the proper title of the Hospital, and the original design of its founders, and they acceded to the generally expressed wish.

By the terms of this arrangement the funds of the School, which will be kept entirely distinct from the funds of the Hospital, will be devoted to maintaining the teaching department of the Hospital, and to carrying on the annual Hahnemann Lecture. Subscriptions to the School Reserve Fund will be invested for the same purpose, and the Subscribers and Life Governors will have the privilege of the appointment of Lecturers and of the Honorary Secretary, subject to the confirmation of the appointment by the Board of Management.

A considerable saving in expense will result from this arrangement. At the same time, in order that the work of the School may be well and thoroughly performed as a department of the Hospital, which can be maintained only by special Subscriptions—seeing that no part of the general funds of the Hospital can be devoted to the School purposes—the Subscription List requires to be considerably added to. To fulfil these purposes without trenching on the Reserve Fund of the School, an income of £400 per annum is needed. Of this sum about £40 will be derived from the invested property, and the Board appeal with confidence to the professional and lay supporters of Homœopathy to enable them to make up the balance by annual subscriptions and donations.

The Board further appeal to homœopathic practitioners to bring under the notice of medical men and medical students the opportunity the School presents of pursuing a systematic and practical study of Homœopathy, and so far aiding the Board in making this department of their Institution as useful as it is capable of being made.

Without the pecuniary assistance and moral support of those who believe in Homœopathy, and are anxious to witness the knowledge and practice of it more widely diffused, the best directed efforts of the Board in the work of education must be comparatively ineffectual. Knowing as they well do the importance of a knowledge of Homœopathy to medical men, and of the sound practice of its principles to the sick, they make this appeal for

support in the performance of the responsible duties they have undertaken, with the full confidence that it will meet with a ready and cordial response from all who are interested in Homœopathy and the Hospital.

Subscriptions and donations, either to the School Reserve Fund or to its current income, may be made to the Honorary Secretary, Dr. C. L. Tuckey, 21, Henrietta Street, Cavendish Square, W.; to the Treasurer, Major William Vaughan Morgan, 5, The Boltons, South Kensington, S.W.; or to the Secretary of the London Homœopathic Hospital and Medical School, G. A. Cross, Great Ormond Street, Bloomsbury.

EBURY,
(*Chairman of the Board of Management*).

WM. VAUGHAN MORGAN,
(*Treasurer*).

C. L. TUCKEY, M.B.,
(*Honorary Secretary*).

London Homœopathic Hospital and Medical School,
Great Ormond Street, Bloomsbury,
May, 1888.

A MUNIFICENT OFFER.

THE impecuniosity of some of the most important London Hospitals has been the subject of much discussion during the last two months. To get deeply into debt would seem to be a guiding principle in the management of some of these institutions. The London Hospital, with an income of £14,000, spends £47,000! St. George's is gradually eating up its capital. The city magnates hold a meeting at the Mansion House, and find £40,000 to aid the former. The wealth and fashion of the West End assemble at Grosvenor House, under the presidency of H.R.H. the Duke of Cambridge, and scrape together £300 in support of St. George's. On the day of this latter meeting, *The Times* endeavoured to draw attention to its claims in a leading article. The whole of the bed accommodation is, we believe, not occupied at St. George's, and if the liberality of those on whom it must needs rely is not greater than it has been, some of those now occupied cannot be refilled. Seeing this article in *The Times*, Major Vaughan-Morgan telegraphed to the chairman of the meeting that he was willing to subscribe £1,000 a-year, for five years, to be devoted to the maintenance of beds, the occupants of which should be treated on the homœopathic system. The hospital is in want of funds; it has beds empty from this cause, and is likely to have more; but no notice was taken of this most generous offer!

This is not the first occasion on which the managers of a London Hospital have declared their preference for empty beds over having any filled which sick patients whose diseases were being treated homœopathically. Twenty years ago a proposal of the kind was made by a member of the Gurney family, through Dr. David Wilson, to St. Mary's Hospital. The first offer was £1,000. This was subsequently increased to one of £6,000, and both were refused. Dr. Wilson was then authorised to make the same offer to every London Hospital, but the result was the same in each instance. Empty beds if you like, but no homœopathy! Mrs. H. E. Gurney then offered to undertake the sole charge of maintaining fifty beds for three years, if Dr. Wilson were allowed to have the charge of them; and if the experiment proved a success, she offered to permanently endow thirty-one beds in the hospital accepting the offer. Notwithstanding that several of the hospitals were languishing for want of income, and some had been obliged to close entire wards in consequence, the offer of Mrs. Gurney was rejected.

These several offers were made known through the daily papers of the time, and several of the weekly journals urged the acceptance of the offer, but all in vain. The probability that the results would prove favourable to homœopathy was too great to be risked, and so the beds remained empty. Now, as then, the fear is equally great, probably greater; hence Major Morgan's offer is not refused but ignored.

DR. ROTH.

THE appreciation of the services our colleague Dr. Roth has rendered to sanitary science has again been marked by the *Société Nationale d'Encouragement du Bien à Paris*, which, at its meeting on the 3rd ult., presented him with a *Medaille d'Honneur*, and conferred upon him its diploma "pour devouement a l'Humanité (publications utiles)." We congratulate our friend on being the recipient of these well-earned testimonials to his public usefulness.

OBITUARY.

CHARLES THOMAS PEARCE, M.D., M.R.C.S.

WE have heard from Dr. Midgeley Cash, of Torquay, of the death, in his 68th year, of Dr. Pearce, who many years ago was a well-known practitioner of homœopathy in Northampton. He commenced the study of medicine at University College Hospital in 1845, having previously been connected with that institution

as a lecturer on physical science. In 1849 Mr. Pearce was indicted, on the verdict of a coroner's jury presided over by Mr. Membury Wakley, the deputy-coroner, and son of the then editor of the *Lancet*, for the alleged manslaughter of his brother. The disease causing death was cholera. He was taken ill on the 8th of September, 1849, when he was attended by a surgeon who, on the following day, met Mr. Pearce in consultation, and subsequently took charge of him, calling in Dr. Mc'Oubrey to his assistance. The patient improved, and on the 15th was so far well as to be able to walk in his garden. On the 16th he had a relapse, and died on the 18th. The day previously his wife called in another medical man, who, refusing to recognise the previous existence of cholera, stated that he had died of starvation, for which he held Mr. Pearce responsible! An inquest was held, and the jury—the deputy-coroner's summing up having been simply a tirade against homœopathy—persuaded to return a verdict of manslaughter, Mr. Pearce being sent to Newgate, where he remained for several days before bail could be procured. At the Old Bailey the Grand Jury ignored the bill, but the indictment arising out of the verdict of a coroner's jury Mr. Pearce could only be released after a trial. After the examination of two witnesses for the prosecution the case was abandoned, and Mr. Pearce set at liberty. When the jury expressed their conviction that there was no evidence to support the charge, Mr. Justice Maule, who tried the case, said: "How any man could be found to say that this defendant was guilty of manslaughter I cannot conceive. It appears that he was called in in a desperate case, and that he did everything it was possible to do under the circumstances." And Serjeant Wilkins, who appeared for Mr. Pearce, added that he believed "that the real fact was that this indictment was merely an attack upon the homœopathic system." The learned Serjeant evidently knew what he was talking about.

Shortly afterwards Mr. Pearce passed his examination at the College of Surgeons, no *animus* being displayed against him on the ground of homœopathy, his confidence in which had through these proceedings become notorious. Mr. Pearce then entered in practice at Northampton, and for some years possessed the confidence of a large and lucrative connection. During this time he founded the Northampton Homœopathic Dispensary, and edited for a short while a periodical called the *Northamptonshire Homœopathic Gazette*. He was on one occasion mentioned as a candidate for the representation of Northampton in the House of Commons. Since leaving Northampton he has been unfortunate in various ways, and for a considerable time has been too ill to do much professional work.

He was a man of strongly pronounced views, not only in medicine but in politics. A clear, fluent, and energetic speaker,

he was at one time a prominent platform advocate of what are termed ultra-radical notions, of the anti-vaccination movement, and, indeed, of almost everything to the propagation of which a small section of people had given themselves up enthusiastically.

He graduated as a Doctor of Medicine at the University of Erlangen in 1854. He died at Torquay on the 9th ultimo, having suffered for a considerable period from organic disease of the abdominal viscera, apparently of a malignant character.

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY AND THE CHAIR OF MATERIA MEDICA.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—From the report of the annual meeting of the School in your last number, I gather that discussion is invited on the above subject, and on the resolutions carried at the meeting. It was said that these resolutions did not preclude the subsequent carrying out of the objects of the Liverpool memorial, and in most points the two plans are in substantial agreement. With respect to the 1st resolution, I still think it would be better simply to abandon the title "London School of Homœopathy" without substituting any title in its place. It is sufficient that the management of the School should be stated to be in the hands of the "London Homœopathic Hospital and Medical School." I agree with resolutions 2, 3, 4, 5 and 7, but I cannot allow that No. 6 was within the power of the meeting to enact legally, because the money was subscribed on the distinct understanding that it was not to be applied to the ordinary expenses of the Hospital. I believe this rule applies to interest as well as principal, and therefore the interest should be allowed to accumulate for the use of the School if, from any reason, the lectures or other legitimate work of the School should be in abeyance. I trust no attempt will be made to put in force this injudicious and illegal resolution, otherwise dissension will be again raised as it was before. To come now to the future conduct of the School. In the absence of a more full statement I am unable to catch the exact meaning of Dr. Hughes's proposal, to make the teaching tutorial, instead of by lectures, but I think it may be assumed that it contemplated a very small number of students, and these to be instructed in the specialities of homœopathy, after they have already taken their degrees and become converts to the system. I fear this does not point to

any more hopeful prospect of diffusing knowledge of the truths of homœopathy among the profession at large than the plan hitherto followed, and which is now admitted to have been not successful. In fact, may it not degenerate into an invitation to one or two medical men to come to the tutor's house once or twice a-week in the evening and talk homœopathy over coffee and pipes? So I do not see at present any alternative before us but to go on in the present way, which is admitted to be of little or no use, or to devote our remaining funds to a vigorous effort to obtain recognition for a chair of Materia Medica. We are now in a better position to make the effort for recognition than when the subject was brought forward before, because several ambitious schemes for the School have been abandoned, and we are not obliged to demand recognition also for Practice of Physic lectures, which would have been a more difficult thing to obtain than for Materia Medica alone, although ultimately, we believe, the homœopathic theory will obtain its due place in the class-room of practice of physic; yet now, in spite of its name, the subject involves far more teaching of pathology than of therapeutics of any kind, and therefore it is very difficult to bring the elementary teaching of homœopathy into such a vast subject, within the compass of an ordinary course, if the whole matter is to be treated with anything like completeness. Besides it brings our lectures into competition with those of the first pathologists of the day, from whom it would be difficult to win students, even if recognition were obtained. With Materia Medica it is otherwise. We have men in our body who, as lecturers on Materia Medica, might fear competition with none, if on equal terms, and the subject might quite well be treated of completely while giving homœopathy due prominence, within the compass of a course of lectures such as qualify now in the allopathic schools. Of course, such a course of lectures must be complete, and give all the information possible on the action of each drug—homœopathic, non-homœopathic and empirical, as well as all the chemical and botanical characters by which it may be recognised, and in short, each drug must be treated of as it will be when the homœopathic theory is fully established in general medicine, and there are no longer any exclusive allopathic schools existing. At present homœopathic Materia Medica teaching is devoted, naturally and almost necessarily to those elements of drug-knowledge which are omitted in allopathic schools, and students are left to obtain, and in fact do obtain, all other knowledge of drugs in allopathic schools. But a complete course of lectures on Materia Medica must give all the information which can ever be required for a practitioner of medicine. And that implies for believers in the homœopathic theory a knowledge of all actions—homœopathic, non-homœopathic, and empirical. For although we seldom, or only exceptionally, do use other than homœopathic

indications, yet we all must and do use non-homœopathic indications in however small proportions. For example, in cases of poisoning, or over-loaded stomach, an emetic may be essential, and hence the dose and mode of administration of, say sulphate of zinc by the mouth, or apomorphia by subcutaneous injection must be taught. In like manner, every one of the non-homœopathic indications, such as stimulation, narcotism, antagonism, catharsis, &c., are liable to be needed for temporary purposes, and ought to be taught. Are we then to contemplate in the future a double course of lectures on Materia Medica, one allopathic, and the other homœopathic, in order that students may learn the few non-homœopathic uses of drugs which will still be retained in the medical practice of the future. Certainly not. We are the practitioners of the medicine of the future, and hence it is our duty to open classes teaching the Materia Medica in its entirety, and we claim as a right to have such classes recognised. Such a class would necessarily give all the knowledge needed to pass the examining boards as at present constituted, and in addition the homœopathic uses of drugs, and our reason for preferring that to all other uses. As a matter of fact, this last clause would also include a large part of the teaching in allopathic schools, which is in fact really homœopathic, but that is dishonestly concealed for fear of persecution. On our part we must also, above all things, be honest in our teaching, and acknowledge the non-homœopathic indications whenever we make use of them, however seldom that may be. This is the more necessary because, owing to the foolish and dogmatic talk of the personages who (falsely) call themselves Hahnemannians, the public, both medical and lay, have received the impression that the use of medicine to fulfil any non-homœopathic indication, is inconsistent with our belief in the homœopathic principle, and is, therefore, a fraud. On the ground alone of making our true position patent to the eyes of the whole profession, an open course of recognised lectures would be invaluable to our cause. For the rest, arguments are superfluous to show the value of a recognised position such as is here desired, and, therefore, we may proceed at once to the probability of success in getting it. It was urged that efforts had already been made to obtain it, and that they had been fruitless. I have followed all the published reports of the doings of the managers of the School, and have never seen the notice of any steps taken by them for the purpose. In fact, the only step they have taken was to do all that was in their power to prevent recognition being asked for, or to give liberty to anyone to ask it for them. This answers also the second objection, which was, who were the proper persons to ask for recognition. Who else could do but the managers? There is no difficulty as to the place to apply to, but if any of us were

disposed to help, we are precluded by the above refusal. I have just perused again the report of the meeting held to deal with the report of the recognition committee a year or two ago, and I cannot resist a feeling of shame at the petty and specious pretexts on which the proposal was resisted. We cannot look upon them as the serious utterance of the School, and, in fact, the proposal was only rejected by the casting vote of the chairman, on the ground that in such a matter unanimity was desirable. So the question may be regarded as still open, and I trust that now it will receive a more reasonable hearing. As Dr. Roth sensibly observed, the School having appointed a "special committee for the purpose of finding the best means of obtaining recognition," should have acted on the advice of the said committee, and made the demand, for if refused we should then be no worse off than before. No worse certainly, I say, but in many respects better, for we should have then done our duty, and the School would not since have been subject to the reproach of being afraid to apply. Our present course should be, I think, to devote the chief part of the funds remaining to endowing a capable lecturer for a certain number of years, *i.e.*, as long as the funds will allow a proper salary. Then let the lecturer draw up a syllabus of a complete course of lectures on Materia Medica, and let this and Dr. Hughes' published lectures on Materia Medica be referred to in making application for recognition. I have no wish to make any binding or final proposal, but let me suggest for illustration that £200 a year be offered for 5 years. That will take £1,000 of the £1,500 now in hand, and thus leave enough for the Hahnemann lecture and other expenses that may be deemed necessary. With respect to the lecturer I propose that Dr. Dudgeon should be requested to undertake the office. He has already the ear of the scientific medical and general public, and is in other respects above all others qualified to set forth our Materia Medica and therapeutics in a complete form.

As to Dr. Pope's comprehensive and tautological objection that the above scheme of recognition is "thoroughly impossible and utterly impracticable," I have only to say that this has been the language of all tories in all times and on all subjects, where a change of existing things was suggested. It was the language of many respecting the 23rd clause of the Medical Act. Nevertheless, that was carried, and I trust that we may not require to live very long to see the day when the present desirable object shall be attained.

JOHN DRYSDALE, M.D.

[If Dr. Drysdale will undertake to obtain from the diploma-conferring authorities their consent to recognise such a course of lectures as he proposes as a part of the medical curriculum,

we have no doubt but that the Board of Management and every one interested in Homœopathy will willingly support him. Such an effort should, however, be made by those who believe it to be really worth making. For reasons fully stated by us in this *Review* for June, 1879 (p. 381), we do not believe that it is so.—EDS. M. H. R.]

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. ROTH; Dr. GALLEY BLACKLEY; Dr. C. L. TUCKEY; MR. CROSS; Mr. A. J. PEARCE (London); Dr. WILDE (Weston-super-Mare); Dr. NEVILLE WOOD (London). We are requested to state that Dr. J. FOSTER has removed from 32, Albion Street, to 15, Eccleston Street, Eaton Square, S.W.

BOOKS RECEIVED.

Gelsemium, a Monograph by the Hughes Medical Club. Boston: Otis Clapp & Son.
Como obran los mercurialis en el tratimento de la Sifilis. H. Rodriguez Pinilla, M.D. Madrid, 1882.
The Opium Habit. E. H. L. Sell, M.D. New York.
Homœopathic World.
Student's Journal.
Chemist and Druggist.
Monthly Magazine of Pharmacy.
North American Journal of Homœopathy.
New York Medical Times.
New England Medical Gazette.
Hahnemannian Monthly.
American Journal of Obstetrics.
American Observer.
Medical Advance.
United States Medical Investigator.
L'Art Médical.
Bulletin de la Société Medic. Hom. de France.
Bibliothèque Homœopathique.
Revue Homœopathique Belge.
Revista Omiopatica.
Calcutta Medical Journal.
Indian Monthly Homœopathic Review.
Medical Counsellor.
Boletin Clinico.
Homöopatische Rundschau.
Algemeine Homöopat. Zeitung.
The Christian.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THERAPEUTIC SPOLIATION IN NEW YORK.

The progress of medicine in the United States of America has, during the last few years, been both rapid and striking. Not a few standard works, exhibiting much original research and careful observation, have issued from the medical schools of New York and Philadelphia in recent times. Every branch of medicine and surgery has its American representatives in our medical libraries. Physiology, histology, and pathology have all been advanced by the work of American students. At the same time, while following hard on the heels of European scientific observers, American physicians have not neglected to imitate the example of some physicians amongst ourselves in peering into the literature of homœopathy, and appropriating from the researches of homœopathists a fair collection of clinical therapeutic facts. Bartholow and Wood have not been surrounded by homœopathic physicians, have not lived within reach of homœopathic periodicals, of works on *Materia Medica* and the *Practice of Medicine*, without having taken therefrom some material wherewith they may be able to appear as original authors. These books, as we all know, abound in crude, empirical homœopathy, but homœopathy none the less.

In New York, Dr. PIFFARD and Dr. A. A. SMITH, the Professor of Materia Medica at the Bellevue Hospital Medical College, have both signalised themselves by appropriations, more or less unacknowledged, from the therapeutic work accomplished by homœopathists. The latter gentleman has taken a somewhat singular method of introducing to the notice of those conspicuously "irregular" people, the "regular" physicians of his neighbourhood, some of his gleanings from the field of homœopathy.

It is no principle of drug-selection that he would desire to communicate to his colleagues—a principle would be "irregular"; he does not attempt to explain the *modus operandi* of the action of any drug he introduces to the notice of his medical brethren. That of course would be a good deal *de trop;* but, in a recently published lecture, he merely wishes to impress upon his readers the singular value of very small doses of medicine administered at short intervals of time. In chronic diseases he allows that large doses every five or six hours may be advantageous—this merely indicates, we presume, the short range which his study of medicinal action has so far taken. He has not yet seen the curative results of *nux vomica* 30 and *sulphur* 30 in chronic constipation with piles, for example. But this much he does know, that in acute disease small doses given often do very well indeed. The odd feature, however, about the matter is, that well nigh all his illustrations are not only examples of the good effect of small doses but also of homœopathically selected medicines! Our contemporary, *The Medical Times and Gazette* (June 2), gives us the opportunity of presenting our readers with some extracts from this lecture, and we accept it with thanks:—

"In children of a nervous, excitable frame of mind, and who are perhaps naturally of a sensitive, nervous temperament, who are disturbed by the slightest noise, and are unable to go to

sleep before ten or eleven, a nervous sedative is necessary; and an excellent effect will be produced by *chamomilla* in some of its forms, as the tincture in minim doses every fifteen or twenty minutes. It is a better sedative than chloral, which is liable to disturb digestion, and it is also a tonic. A tea-spoonful may be put into a half-tumbler of water, and the child allowed to drink it freely. An important remedy administered in small doses is *ipecac*. One drop of the wine given every ten or fifteen minutes will often arrest obstinate vomiting from various causes, among which are pregnancy, subacute gastritis, and the vomiting of children. Dr. Smith's experience has proved the accuracy of Trousseau's statement that minute doses of *calomel* (one-sixtieth of a grain taken for ten or twelve hours in succession) will relieve the nocturnal headache of syphilis. He has as yet only given it in doses of one fortieth of a grain, but the efficacy was very marked by the second or third night. The vomiting or regurgitation of the milk by nursing infants also may be effectually treated by giving every ten or fifteen minutes a teaspoonful of a solution of one grain of calomel in a pint of water. The calomel should be first put into an ounce of lime-water, and then added to the pint of water. In the vomiting and non-inflammatory diarrhœa of children, one-twenty-fourth of a grain of *hydrargyru cum cretâ* is often of great benefit; and when the diarrhœa is accompanied by the passage of mucus, indicative of inflammatory action, a teaspoonful of a solution of one grain of corrosive sublimate in a quart of water, given every hour, will prove of service. *Digitalis* in heart disease is usually given in considerable doses only, three or four times a day; but the repetition of smaller doses produces much more benefit. A single drop of the tincture, when it is indicated in organic disease of this organ, administered at intervals of an hour or half an hour, according to the severity of the symptoms, will often give great relief without being liable to produce ill-effects. *Aconite* has for long been used in small doses, but not repeated frequently enough. There are many cases of febrile movement, with dry, hot skin, a full, bounding pulse, the mucous membrane

of the nose and mouth probably dry—cases in which the febrile movement is not the commencement of one of the continued fevers. The tincture, one-third to one-half a minim given every fifteen minutes, will be found of decided benefit. Visiting the patient shortly after the commencement of this treatment, you will often find him in a little perspiration; the medicine may then be administered at longer intervals, according to the indications. The tincture thus given is also useful in cases of commencing so-called cold in the head. It is likewise useful in cardiac hypertrophy with palpitation, severe headache, and disturbances of the nervous system due to increased force of the heart-beat.'

"Among other remedies which exhibit their effects in this mode of dosing, Dr. Smith mentions the following:—Teaspoonful doses, given every half-hour, of a solution of one grain of tartar emetic in a quart of water, relieve wheezing and cough accompanying slight bronchitis in children. A single drop of tincture of nux vomica given every ten minues will often produce most marked relief in sick headache not of a neurotic origin. It should be given immediately or soon after meals. A single drop of tincture of cantharides every hour will in many cases relieve vesical catarrh. For the diarrhœa of children, accompanied with slight inflammation, straining, and the passage of jelly-looking matters, but not true dysentery, five drops of castor oil given every hour in water with sugar and gum is an excellent remedy. Two-minim doses of tincture of pulsatilla every hour give great relief in cases of orchitis and epididymitis, as also in dysmenorrhœa not of a membranous, obstructive, or neuralgic character. The distressing flatulence with a sense of palpitation at the epigastrium, which many women suffer from at the menopause, is effectually treated by the extract of Calabar bean in one-fiftieth grain doses, repeated every half-hour for six or eight doses, and resumed after stopping it for three hours. In amenorrhœa not dependent upon anæmia, benefit is derived from minim doses of fluid extract of ergot every half-hour for five or six hours the day before the flow should begin, and again on the day when it

should occur. The ergot is also of benefit in excessive menstruation. Hæmorrhages may be often controlled by two-minim doses of tincture of hamamelis every half-hour. Tincture of belladonna in minim doses every half-hour is a good remedy in cases of nasal catarrh and bronchitis accompanied by free secretion, suspending it after eight or ten doses, as it is not quickly eliminated. In cases of pulmonary œdema with failure of heart-power, it is of benefit by retarding the exudation of serum, and in overcoming the failure of heart-power. In the headache of migraine one grain of the citrate of cafein every half-hour will often produce most marked relief. In neuralgias about the head or face three-minim doses every half-hour of the tincture of gelseminum will often act almost miraculously and leave no ill effects."

It would be interesting, if not instructive, to hear Professor SMITH's account of the therapeutic pedigree of some of these applications of drugs. Take for example *pulsatilla* in orchitis. Who first thought of that? How did he (whoever he was) come to hit upon *pulsatilla* of all things in the world? Dr. SMITH would perhaps say that that was not the point of his lecture; his purpose was to show that small doses of medicine taken frequently cured disease, and that the use of small doses of *pulsatilla* in orchitis was simply an illustration of the fact. He took it as accepted that *pulsatilla did* cure orchitis; all he had proposed to do was to show how it could be most satisfactorily administered! Perhaps this is so; but it must, we think, be admitted that by way of illustrating what, after all, is not a very great novelty, he has contrived to drop some very useful hints of a therapeutic character into the laps of his medical brethren—hints, moreover, which he would never have heard of if the doctrine of *similars* had not been worked out—if the physiological action of *chamomilla, mercury, tartar emetic, digitalis, ipecacuanha, pulsatilla,* &c., had not been studied by homœopathists.

That Professor SMITH knows that homœopathy is true—that as a law of drug selection it is of untold value—we have not the least doubt. But where is his moral courage? Where is his manliness? He dare not speak that which he knows! Tied and bound by the chains of the American Medical Association—heavily handicapped by official position—he is no free man, American though he be! When will the day come when a Professor of Materia Medica will be able when reciting such facts as those which form the staple of Professor SMITH'S lecture, to say, "Gentlemen, these observations are true, and it is to SAMUEL HAHNEMANN'S homœopathic system that we are indebted for their discovery; to him and his followers we owe it that their clinical truth has been proved." How long it may be we know not, but that it will come we are certain. Mere time-serving will not last for ever.

ON THE PHYSIOLOGICAL AND THERAPEUTIC ACTIONS OF *RHUS TOXICODENDRON, RADICANS* AND *VENENATA*.

By ALFRED C. POPE, M.D.

Late Lecturer on Materia Medica at the London School of Homœopathy.

THESE three varieties of *rhus* belong to the natural order of the anacardiaceæ. The *rhus toxicodendron* is a dwarf shrub, from one to three feet high, found in North America. The *rhus radicans* is a climbing plant, having a stem from five to forty feet high, furnished with numerous radicles by which it adheres to the trunks of trees, after the manner of ivy. The *rhus venenata* is a shrub eight to fifteen feet high, and not unfrequently reaching to double this height. The tincture, which is imported from America, is, in the *toxicodendron* and *radicans* varieties, prepared from the leaves gathered during May and June, before flowering, and collected after sunset to avoid exposure to the sun after separation from the plants. The medicinal parts of the *venenata* are the young shoots, and the milky juice which

exudes from incisions made in the bark. The time for collecting is after sunset, from June to August.

The poisonous properties of each variety are due to a volatile acid, which careful experiments by Professor Marsh have shown to differ from any other volatile acid, and which he has accordingly named *toxicodendric acid.*

The late Dr. Leadam, in a paper published in *The British Journal of Homœopathy* (vol. viii., p. 385), states that *rhus* was used by "the ancients in dysentery, purulent discharges from the ears, aphthous ulcerations of the mouth, and for relieving the pain of carious teeth." For centuries, however, it was unknown, or at any rate unrecognised as a therapeutic agent until an accidental case of poisoning—the victim crushing the leaves of the *toxicodendron* or *radicans* variety in his hands—occurring in the Botanical Gardens at Valenciennes in 1780, drew the attention of Dufresnoy to its peculiar properties. A general eruption followed the handling of the leaves; this was regarded as "itch," and treated with blue pills internally and the application of citron ointment. The eruption, however, continued increasing until the patient was covered from head to foot with a bullous erysipelas. In the course of ten days it subsided, when he found, to his surprise, that an eruption, which he had had on his wrist for some years, and which had resisted the prescriptions of many physicians, was cured. This led Dufresnoy to employ the *rhus* in *affections dartreuses*, and with so much success that in 1788 he published an essay recording his observations, and a more extended work on the same subject in 1801.

It is not at all improbable that Hahnemann, who would see at a glance the homœopathic connection between the skin disturbances provoked by the plant and the disorders in which it had proved a remedy in Dufresnoy's hands, was led by these observations to make the experiments and researches recorded by him in the second volume of the *Reine Arzneimittelhre*, published in 1811. In these experiments he was assisted by ten pupils. The results of subsequent investigations are given in later editions of the same work. The translation of the proving of *rhus* in the *Materia Medica Pura*, published by the Hahnemann Publishing Society, is from the last edition issued in 1833.

The experiments which constitute the proving of *rhus radicans* were undertaken by Dr. Joslin, of New York. The results were almost precisely similar to those which

followed the study of *rhus toxicodendron*—so much so that it is a matter of no importance which variety is used.

The *rhus venenata* has been studied chiefly from the effects of handling it and inhaling the volatile acid which is diffused through the atmosphere surrounding it. To these have been added some few experiments by American physicians.

Another variety, the *rhus glabra*, or smooth sumach, a shrub from six to fifteen feet high, has also been slightly proved, and is occasionally used in medicine by American physicians, though but rarely so in this country. The proving, so far as it has gone, shows it to be very similar in its action to the *toxicodendron* and *radicans* varieties.

The entire experiments made with these several sumachs you will find arranged in the Hahnemannic schema order in Allen's *Encyclopædia of Materia Medica.*

The thorough manner in which the physiological action of *rhus* has been studied, the long period during which it has now been employed as a medicine, and the number of clinical observations of its remedial power which have been recorded, render it a medicine the properties of which can be readily grasped, and the indications for the prescription of which are well defined.

Though by no means limited to, yet the chief spheres upon which the power of *rhus* is expended, are the nervous system, the muscular and ligamentous structures, and the skin. Upon the skin, the *venenata* variety acts both more rapidly and more powerfully than either the *toxicodendron* or the *radicans*. Hence *rhus* is chiefly remedial in some forms of paralysis, in chronic rheumatism, eczema, and erysipelas.

The similarity which its action on the skin presents to erysipelas of a bullous and phlegmonous type, together with the markedly adynamic or so-called typhoid character of the fever it excites, and also of the diarrhœa and other more general disturbances it produces, render it probable that it is a poison of the hæmatic order.

The febrile-like symptoms characteristic of *rhus* poisoning are of a distinctly remittent type. Chill occurring either early in the morning or late in the afternoon, is followed by heat, and this again by a sour-smelling perspiration. It is the concomitant symptoms of this febrile paroxysm which so distinctly mark the place of *rhus* in the treatment of fever. These are great mental depression, headache, rest-

lessness, anxiety and despondency; loss of appetite, thirst, a dry and coated tongue; the whole mouth dry; abdominal tenderness; tympanitic distension; and thin, watery, brownish diarrhœa.

Guided by such symptoms as these, *rhus* has been successfully used in some of the remittent fevers so commonly met with in the United States of America. In Europe they have directed attention to it as a remedy in typhoid, and Dr. Hughes has suggested that they point to it as a medicine likely to be useful in dengue or dandy fever, a remittent which occurs epidemically occasionally in tropical North America, the West Indies, and Hindostan.

To us it is of especial interest in relation to typhoid. In the second stage of the fever which prevailed in Germany during the Napoleonic wars, Hahnemann used *rhus* with great success.* He terms this pestilence "typhus," but his description of it corresponds more closely with what is now known as typhoid. Again, between 1850 and 1854, Drs. Wurmb and Caspar, of Vienna, treated 599 cases of fever, which, though defined "typhus" were apparently typhoid, where *rhus* was the chief and most reliable medicine they used. So too, Dr. Bojanus, of the Appanage Hospital, Nishni-Novogorod, in Russia, writes of the value of *rhus* in typhus fever, but the cases he describes were evidently instances of typhoid.

It is during the second week of a typhoid fever that *rhus* has proved so valuable—after the time for giving *baptisia* has passed, and before the profound dyscrasia which can only be met by *arsenic* has set in—when delirium is commencing, when the patient is restless, depressed, and anxious about himself, the tongue and throat are dry, the abdomen is tender and tympanitic, thin brownish diarrhœa is increasing, and prostration is causing anxiety, then you will find *rhus* to be probably as useful a medicine in controlling the condition as any you can select. It occupies in the treatment of typhoid much the same position in relation to the abdominal phenomena of the fever, that *baptisia* does to such as are gastric.

Dr. Carroll Dunham in his essay on *rhus*, in his *Lectures on Materia Medica*, points out, what it is very important to remember, that "in the exanthematic fevers, measles

* *Lesser Writings of S. Hahnemann.* P. 712.

and scarlatina, a similar train of symptoms" to such as appears in typhoid fever "makes its appearance and calls for *rhus*. Especially," he adds, "is this the case in scarlatina. The indication for *rhus* in scarlatina," he continues, "is still stronger, if, in addition to such symptoms, there be an œdematous condition of the fauces, soft palate and uvula, with vesicles upon these parts, and a singularly annoying, itching, burning and smarting." Similar symptoms, but without the well marked typhoid depression, are well met by *apis mellifica*.

Dr. Dunham also describes a form of influenza in which he has found *rhus* remedial. It is marked, he says, by "a similar œdematous condition of the soft parts of the fauces, and pharynx, and even threatening œdema glottidis. The curtain of the palate is puffed and pink, the uvula is elongated, puffed, translucent, and the end is often nearly spherical-looking, like a great drop of fluid or jelly just ready to fall off. Vesicles stud the pharynx. The rawness and roughness of pharynx and larynx are almost intolerable. Such an influenza is generally attended by symptoms of great debility."

Dr. Helmuth, of New York, in his *System of Surgery*, states that he has found *rhus radicans* the most useful medicine in that formidable condition septicæmia. He was led to its use here by observing all the symptoms of this morbid state arise in a child poisoned by this species of *rhus* after bathing one hot July day.

In concluding what I have to say of the fever-producing power of *rhus*, I would ask you particularly to remember its adynamic character and remittent type.

I will now pass on to consider the head symptoms arising from over-dosing with this drug.

The headache produced by *rhus* is characterised by vertigo, and that not only when moving, but when sitting still or lying down. It is felt most severely when first rising in the morning, and is attended with weakness and stiffness. Pain, of a pressive character, is felt chiefly in the forehead and temples, and there is at the same time a sense of pressure behind the eyeballs as though the eyes were about to be forced out of their sockets. There is also a marked sense of heaviness in the head, making the person feel as though he would fall. A curious sensation produced by *rhus*, and one that has led me to prescribe it with success,

is a feeling described as jarring, each step taken in walking seems, as it were, to concuss the brain.

Such headaches as these symptoms simulate, you will meet with chiefly in chronic disorders, mostly of the rheumatic type, and in cases where the lower part of the spinal cord is the central point of disease.

The action of *rhus* upon the orbit is less marked upon the globe than it is on the tissues surrounding it. Drawing, tearing, and sore pains are noticed in the eyebrows. The eyelids are inflamed, swollen, closed, and agglutinated. Twitching occurs in the swollen lid, and also burning, itching, and prickling. Between the under surface of the lid and the eyeball there is a sensation as of pressure from the presence of sand; biting pains in the ball as if from something sharp and acid. In turning the eye or when pressing upon it the eyeball is sore. In one instance, where some children were poisoned by eating the fruit, the pupils were dilated.

From these effects of *rhus* upon healthy persons it has been selected as a remedy in inflammation of the cellular tissue of the orbit. In this serious condition, whether arising from injury, as it most commonly does, or from an extensive erysipelas of the face, *rhus* is a remedy of great importance. In inflammation and simple œdema of the lids it is often called for.

As I shall have occasion to point out presently, *rhus* is often indicated in conditions arising from cold and wet. So here in conjunctivitis traceable to such causes, especially when there is a good deal of "chemosis, some photophobia, profuse lachrymation, and œdematous swelling of the lids" (Norton), it will be found useful. In corneal ulcers and pustules, surrounded by conjunctivitis, where photophobia is considerable, lachrymation profuse, with the lids œdematous and spasmodically closed, it is also an important medicine. In inflammatory conditions of the eyeball occurring in subjects of a rheumatic diathesis, persons very susceptible to the influence of cold and wet, it is useful. "Its grandest sphere of action," writes Dr. Norton, "is to be found in suppurative iritis, or in the still more severe cases in which the inflammatory process has involved the remainder of the uveal tract (ciliary body and choroid) especially if of traumatic origin, as after cataract extraction. As a remedy in this dangerous form of inflammation of the

eye, it stands unrivalled, no other drug having as yet been found equal to it in importance in this serious malady." *

There is little or nothing in the symptoms excited by *rhus* in the ear pointing to it as a remedy in diseases of that organ. But there is one noted as occurring in it, though probably referable to cerebral disturbance, which has led me to prescribe *rhus* with rapidly good results. It is mentioned in Hahnemann's proving from the experiments of his pupil Michler, and is as follows: "Two violent cracks in the left ear at short intervals, as if the membrana tympani burst, when lying whilst going to sleep in the mid-day siesta, so that he started up trembling each time, but then soon went to sleep again."

The following are the notes of the case I have referred to. An army working tailor, 32 years of age, called to see me during the evening of the 13th of March, 1867. He had an agitated expression of countenance, described himself as being easily excited, very nervous and weak. He had been working unusually long hours for some months. During the whole of last summer he was "on the board" from 5 a.m. to 9 p.m. More recently, his hours have been from 8 a.m. to 7 p.m. He complains of vertigo and swimming in the head, and darting pains in the occiput during the day; when in bed, he feels a pain in the right ear, darting and like the crack of a pistol or an electric shock. It comes on suddenly, just as he is going off to sleep. This unpleasant symptom first appeared five or six weeks ago; it came on gradually, and has increased in violence until he is now afraid to go to bed, and feels his system thoroughly shaken His appetite is good, tongue clean, bowels regular. Prolapsus ani when the bowels moved; there is some mucous discharge from the anus.

I gave him some pilules of the 3rd dilution of *rhus toxicodendron*, of which he was directed to take one every three hours.

He called again in a week, when he told me that on leaving my house he took a pilule, and another before going to bed. That night the cracking sound was absent for the first time for five or six weeks, and he now expressed himself as feeling better than he had done for a long while

* *Ophthalmic Therapeutics.* By G. S. Norton, New York. 2nd Ed., p. 188.

past. In a few days he returned again, saying he was free from all trouble and perfectly well.

We shall now pass to the examination of the influence of *rhus* upon the gastro-intestinal tract:—

The buccal cavity and tongue are dry, the latter generally thickly coated. The appetite is destroyed, thirst increased, the taste perverted, being bitter and flat. The throat is dry, sore, and burning, with a sense of sticking in it when swallowing. The salivary glands are irritated, and their secretion much increased. The submaxillary and parotid glands become swollen and hard.

I would remind you here that in scarlatina the swelling of these glands occasionally becomes a formidable complication, and when this exists, especially when it does so concurrently with the peculiar type of mental depression and restlessness, which I referred to when describing the febrile indications for *rhus*, this medicine will render you valuable aid in promoting their resolution.

Further, the stomach feels overloaded with very little food, there is some inclination to vomit but no actual emesis, and there is at the same time some pain of a pressive and griping character. Lower in the abdomen there is a great deal of flatulence and consequent distension with colic, griping and jerking and some diarrhœa. The stools are frequent, small, generally thin and watery, but occasionally are mixed with mucus and blood. Such symptoms as these indicate a form of enteritis as being a consequence of *rhus* poisoning, and are very like such as are commonly present in typhoid fever and conditions akin to it. There are several other medicines which, giving rise to a similar state, are more commonly resorted to in diarrhœas of this type, so commonly indeed, that *rhus* would seem rarely to occur to the mind of a practitioner when prescribing for one. But there are in the *British Journal of Homœopathy* several very instructive cases of diarrhœa in which *rhus* was successfully used, showing how important is the individualisation of remedies, and how essential it is to select the precise *similimum* if a cure is to be obtained. For example, Dr. Henry Madden, than whom there has seldom been found a more careful or exact prescriber, relates a case in point in the twenty-eighth volume of the *Journal*. His patient was an old lady of eighty, who was attacked with what appeared at first to be ordinary autumnal diarrhœa, but which refused to yield

to the usual remedies, and after a time assumed the following characters :—" Dark brown, thin, and very fœtid stools eight or ten times daily, especially in the early morning and between four and six p.m. The stools often contained more or less mucus, occasionally pus and frequently small lentil-shaped clots of blood. The patient was very weak, could not sit up except in bed because hanging down the feet always brought on urging to stool, with involuntary evacuation, if it were not responded to at once. Her appetite was excellent; tongue generally clean and no fur." *Aloes* cured the urging to evacuate when hanging down the legs; *phosphorus* at once removed the pus from the stools and it never recurred; *graphites* reduced the intense fœtor; *mercurius* removed hepatic complications, and *carbo-vegetabilis* many sufferings from flatulence. But after five months careful treatment the disease continued. Dr. Herbert Nankivell, who was at the time preparing the *Cypher Repertory* chapter on " Stools," was referred to. He suggested as corresponding most closely to the symptoms *rhus radicans*. This was given in the 30th attenuation, and the stools began to improve in two or three days, and in about a fortnight were reduced to two soft but firm motions daily.

Then, again, in the thirty-second volume of the same journal is reported a case recorded by Prof. Rafael Molin, of Vienna, in the *Internationale Homoöpathische Presse*, which formed one of a series of cases of intestinal catarrh of a severe character, which were met with in Vienna during the decline of cholera in that city in 1873. In this patient, a girl nine years of age, diarrhœa set in suddenly on the 12th of October, and continued during the following day. Early on the morning of the 14th Prof. Molin saw her. The temperature and respiration were normal. Pulse 72, regular and strong, but not hard; chest free; abdomen somewhat distended, but soft, not painful to pressure, but emitting a splashing noise, on account of the fluid in the bowels; contracted portions of the bowel could be felt here and there under the abdominal integuments; tongue slightly furred at the back. She had been purged every five minutes, but little at a time. The stools were odourless, and discharged as if from a squirt. *Opium* 1 was prescribed at 8 a.m. At 7 p.m. her state was unaltered, and *veratrum* 1 was ordered in drop doses every quarter of an hour. She slept well that night, but

as soon as she awoke at 7 o'clock purging recommenced and vomiting followed. Prof. Molin saw her at 8 a.m., and finding her much the same as she was on the preceding evening, he prescribed *ipecacuanha* 1, a drop every hour. At 12 noon the vomiting recommenced, the stools of the same green colour, mixed with epithelium, as they had been all along, were very frequent; headache was persistent, the forehead, cheeks, and forearms were as cold as marble, the bowels distended with wind, the pulse 80, febrile and full. *Rhus* 3 was now given in half-drop doses, every five minutes. Relief followed at once, and by the evening all symptoms of disease had vanished. Twelve other cases of a similar type were treated by Prof. Molin, and all recovered rapidly by taking *rhus*.

Rhus, then, is a medicine which must be borne in mind when prescribing for diarrhœa—abdominal distension occurring with frequent thin stools, will now and again be the clue to its selection.

Leaving the contents of the abdomen, we have now to consider the influence exerted by *rhus* upon the spinal cord, the muscles and joints, and the skin.

First, then, what are the effects produced by it on the spinal cord? In the study of these we sadly need the details of the experiments from which the symptoms attributed to the "back" and "extremities" were drawn. Separated, as they are, in the Hahnemannic schema, from all association, it is not easy in every instance to arrive at accurate conclusions as to their source, to ascertain when this is spinal, when muscular, where local or where central. At the same time such results from *rhus* poisoning as paralysis in the lower extremities for three days, the person walking with difficulty, slowly, and shuffling; great weakness of the legs in the open air, their heaviness and weariness rendering him scarcely able to proceed; together with pains of a "twitching," "cramplike" character; "crawling and tensive" pains in the knees and calves; "tension in the skin over the gastrocnemii muscles;" "crawling in the feet," all indicate disturbance of motor and sensory power of a central nervous origin, rather than the simple muscular irritation of rheumatism. Then again, the following group of symptoms recorded by Alderson as occurring under the influence of *rhus*, suggests the same as their source, "some twitchings across the abdomen, with irregular and convulsive motion in the limbs, and when the

nervous influx seemed to pass to the extremities, it excited in the brain such a sensation of pain as made him frequently exclaim most violently; but when anyone asked him where his pain was, he could not mention any particular place, but that all his limbs felt as if stretched forcibly; this was most especially after sleep." The symptoms mentioned as occurring in the back are mostly of an aching and bruised character, and in so far resemble muscular disturbance. We have then, I apprehend, a warrant in such symptoms as these for expecting help from *rhus* in paraplegia arising from lesions in the columns of the cord. It has often been advantageously prescribed for what is called rheumatic paralysis. The term, however, is very indefinite, and ought strictly to be limited to cases where loss of motor power has occurred from the muscular and ligamentous stiffness engendered by rheumatism, whereas it is not unfrequently used to describe those where paralysis is really central, occurring in rheumatic subjects, and originating in exposure to cold and damp. Now, in many such cases, whether occurring in rheumatic subjects or not, *rhus* is a remedy. The symptoms I have detailed would suggest it as such to a homœopathist, but beyond that experience has endorsed its value. Thus Dr. Dunham writes of its value in infantile paralysis, which is, in fact, acute inflammation of the grey anterior horns of the cord. In the *British Journal of Homœopathy*, vol. xxviii., four cases of paralysis are quoted, and fifteen others, all cured by *rhus radicans*, are referred to from a work by Dufresnoy, the title of which is not given. Dufresnoy was led to the use of *rhus* in paralysis by an accidental circumstance, just as he was to employ it in cutaneous diseases. The first given is one of hemiplegia in a lad fifteen years of age, resulting from an attack of apoplexy or of epilepsy. The treatment commenced on the 7th January, and by the 14th of March he was able to leave the hospital perfectly capable of resuming his occupation as a hair-dresser. The second was a case of paraplegia in a woman. For six months before the paralysis appeared she had been subject to swelling of the legs and thighs, followed by convulsive movements. Her lower limbs were perfectly helpless and practically useless. There was no indication of hysteria, and in every other respect she was perfectly well. She came under Dufresnoy's care, after having kept her bed for two years, on the 4th of February, 1783; on the 24th of May

she was able to walk about the town easily with two sticks. The third case was one of right hemiplegia following apoplexy in a priest. After the paralysis had existed for a year, during which all the heroic therapeutics of the time had been endured as well, he came under Dufresnoy's care, and after taking *rhus* for ten weeks his leg was much improved, and his speech, which had been much affected, was greatly improved. The fourth was one of hemiplegia in a man 72 years of age. In less than two months he was able to walk without any other assistance than a stick. The fifth was one of paraplegia in a woman 36 years of age, in whom the paralysis had followed a fright giving rise to "convulsive attacks." She had been confined to bed for nine years when Dufresnoy was consulted, and "every time she was moved, in order to change her linen or make her bed, she had convulsions to such an extent as to deprive her of consciousness." The treatment with *rhus* commenced on the 31st October, 1783, and in the following August she was able to walk about the streets and promenades of the suburb of Notre Dâme. Of the other fifteen ten were cases of paraplegia. The dose given in these cases was large, probably unnecessarily large, beginning with six grains of an extract and rapidly increasing it to a drachm three times a day.*

The physiological action of the drug and its clinical use in paraplegia, and some cases of hemiplegia, justify us in extending its prescription from mere rheumatic powerlessness to paralysis of a distinctly central origin. It is probable enough too, that, when degenerative change of structure has been proceeding for any length of time, the dose given should be, relatively to that ordinarily sufficient, a large one.

This is still further suggested by a remark of Dr. Sorge, of Berlin, in a paper on *rhus* read by him at a meeting of a society of homœopathic physicians of Berlin, wherein he tells us that Trinks cured a man of paraplegia with *rhus* who had been under Hahnemann's care for three years without any benefit. The difference between Hahnemann's treatment and that of Trinks was in all likelihood simply one of

* Since this lecture was delivered, I have had under my care a well-marked case of locomotor-ataxy developed by exposure to wet and cold on the banks of the Danube in a gentleman thirty-six years of age, in which *rhus* given in the 1st, 1x, and latterly in drop doses of the tincture, has done infinite service.

dose, the medicine would probably be the same. In another case referred to by Sorge, one described as painless paresis, two drachms of the tincture were used successfully.

SECONDLY.—Upon the ligamentous tissues of joints, and upon the muscles of the back and extremities *rhus* has a powerful influence, the pains excited by it strikingly resembling those present in rheumatism, especially in its chronic forms. The joints, and notably the articulation of the jaw, the shoulder, elbow, hip, and knee joints become swollen, somewhat tender on pressure, tight and stiff. The condyles of joints are painful and sore. The character of the pains felt in the muscles of back and extremities is bruised, sore, and stiff. It is a well marked characteristic of *rhus* that the pain it excites is worse when at rest, and relieved by movement—the sense of tension and stiffness is lessened. The reverse is the case in the pain produced by *bryonia*, which is acute and stabbing, and relieved by rest. The *rhus* appears to have an affinity for ligamentous tissue, while *bryonia* selects serous membranes. Hence while *bryonia* is especially useful in acute rheumatism, or rheumatic fever, *rhus* has a special value in chronic cases of the same disease. Here you will find it to be a most useful remedy, more especially when the rheumatic state has been induced by exposure to cold and wet.

Dr. Bolle, of Padersborn, in a paper published in the *Allgemeine Homoöpathische Zeitung*, nearly forty years ago, after narrating some striking illustrations of the power of *rhus* over chronic rheumatism, gives the following special indications for its selection in cases of this disease :—

1. In men having strong muscles.
2. In men in whom the disease was caused—
   - *a.* By getting wet while perspiring, and then chilled.
   - *b.* By excessive exertion performed in lifting, taking a false step, or straining the arms.

3. Disorders originating in such causes are characterised by stiffness, tearing, drawing, bruised and sprain-like pains in the shoulders, wrist, back, hips, and muscles of the thighs, not unfrequently extending down the legs to the feet, with an occasional sensation of numbness.

4. Such pains are aggravated in the evening, in the cold, by the application of cold water, in the wind, by stretching the affected limbs, in bending or turning.

5. The pains are diminished by the heat of the fire, and by gentle continuous motion.

THIRDLY.—I must now describe the action of the drug upon the skin. I have already noticed Dufresnoy's observations regarding it, and the literature of medicine supplies numerous illustrations of the effects of poisoning by it on this part of the body. In addition to those I am about to quote, you will find an exceedingly well described case by the late Professor Sanders, of Edinburgh, in the *Edinburgh Medical Journal* of February, 1868; another by Dr. James C. White, in the *New York Medical Journal* is reported in the *Medical Record* of the 27th of August, 1873, by Dr. Sidney Ringer, and a very clear description of the general effects of the poison by the same author is quoted from the *Boston Medical and Surgical Journal* in the *Medical Record* of the 13th of December, 1875.

The following account of the effects of *rhus toxicodendron* is given by Dr. Bigelow in his *American Medical Botany*:—

"Those persons," he writes, "who are constitutionally liable to the influence of this poison experience from it a train of symptoms very similar to those which result from exposure to the *rhus vernix*. These consist in itching, redness, and tumefaction of the affected parts, particularly of the face, succeeded by blisters, suppuration, aggravated swelling, heat, pain, and fever; when the disease is at its height, the skin becomes covered with a crust, and the swelling is so great as, in many instances, to close the eyes and almost obliterate the features; the symptoms begin in a few hours after exposure, and are commonly at the height on the fourth or fifth day, after which desquamation begins to take place, and the distress in most instances to diminish. Sometimes the eruption is less general, and confines itself to the part which has been exposed to contact with the poison. The symptoms of this malady, though often highly distressing, are rarely fatal. I have, nevertheless, been told of cases in which death appeared to be the consequence of the poison."

One peculiarity of the action of *rhus* upon the skin noticed by Dr. White and others is especially interesting in connection with the diseases it resembles, it is the tendency which the eruption has to reappear annually after the first infection. Dr. Busey, of Washington, also records a very singular case where this occurred for several years.

Another case illustrating the extreme susceptibility of some persons to the influence of the plant, rendered additionally interesting by the means adopted to cure this susceptibility, is given by Van Heddeghem, in the *Précis*

Analytique des Travaux de la Société Medicale de Dijon pour l'année, 1832, *Dijon* 1838, p. 48.

He describes the case of a Louisiana Creole who was so susceptible to the action of *rhus toxicodendron* that he could not drive along the roads where the plant grew or shake hands with a person who had been exposed to the effluvium of the plant without being almost immediately attacked with *rhus erysipelas*, which affected his face, neck, hands, arms, chest, and genitals in particular. He had used very many remedies in vain, in order to deaden his susceptibility, when finally, his physician, Bressa, determined to give him the *rhus grandiflora*, which produces effects very similar to those of *rhus toxicodendron*. At first it caused an erysipelatous affection of the eyelids and nose; in course of time, however, it no longer produced any perceptible effect, and he was enabled not only to expose himself to the effluvium of the *rhus* plant, but could even handle it without suffering the slightest inconvenience.

Before drawing any therapeutic deductions from these phenomena, I will refer to the action of the *venenata* variety of *rhus*, which exerts a still more powerful influence of a similar kind upon the skin.

Dr. Bigelow, in the work from which I have already quoted, gives the following account of its effects:—

"A very distressing cutaneous disease it is well known ensues in many persons from the contact and even the effluvia of this shrub. It is extremely various in its action upon persons of different idiosyncrasies; some cannot come within the atmosphere of the shrub without suffering the most violent consequences, others are but slightly affected in handling it, and some can even rub, chew, and swallow the leaves without the smallest inconvenience; the most formidable cases in persons subject to this poison usually commence within twenty-four hours after the exposure; the interval is sometimes longer, but more frequently shorter; the symptoms are generally ushered in by a sense of itching, and a tumefaction of the hands and face; the swelling gradually extends over various parts of the body, assuming an erysipelatous appearance; the inflamed parts become more elevated, acquiring a livid redness, attended with a painful burning sensation; small vesicles now appear upon the surface, which extend and run into each other; they contain a transparent fluid, which by degrees becomes yellow, and at length assumes a purulent appearance; a discharge takes place from these vesicles or pustules, giving rise to a yellowish incrustation, which afterwards becomes brown; in the meantime, an insupportable sensation of itching and burning is felt; the inflamed parts become excessively swollen, so that not unfrequently the eyes

are closed, and the countenance assumes a shapeless and cadaverous appearance, which has been compared to that in malignant small pox; the disease is usually at its height from the fourth to the sixth day, after which the skin and incrustation begin to separate from the diseased parts, and the symptoms gradually subside. It is not common for any scars or permanent traces of the disease to remain, and, notwithstanding the violent character which it sometimes assumes, I never knew an authenticated case of its terminating fatally; it is, however, capable of occasioning the most distressing symptoms. In those in whom a constitutional liability to the poison exists, the disease frequently returns several times during life, notwithstanding the utmost precaution in avoiding its causes."

A further and more detailed account of its action is given by Dr. Œhme in the *New England Medical Gazette*, the observations being derived from his peeling the bark and chewing it.

He noticed "œdema under the right eye, difficulty in looking down with disagreeable sensation; a red spot on the face, especially on the left side, and on the upper part of the chest, with itching; in consequence of the œdema, the eye is somewhat sensitive when reading or writing, but causes no difficulty in looking straight forward; during the day (the third) the face was swollen. A round group of hydroa vesicles filled with yellowish serum formed between the nose and the left corner of the mouth, and another group under the latter. The left side of the face was somewhat swollen, and covered with red spots. The left ear was thick and red, and the posterior surface of it rough. There was some itching on the lower part of the ear; the nose and right side of the face were considerably swollen, especially close under the eye, so much so that the cilia of the lower lid lie on the swelling, and the eye appears very small. The eye is considerably irritated. The rays of the sun cause burning in the face, much itching of the sexual organs, especially upon the scrotum and prepuce. Hydroa vesicles formed on the backs of the first and third fingers of the left hand, and of the second finger of the right hand. At 2 p.m. small yellowish hydroa vesicles appeared on different parts of the face. The right side of the nose and the right cheek were much swollen, the œdema of the face being worse than yesterday; the skin rough and uneven, but not chapped. On the back of the hand, and on the fingers, was some efflorescence which looks strikingly like itch; rubbing the affected parts causes itching; at 8 p.m. an eruption like measles, with unevenness of the skin, appeared on the back of the left arm, close above the wrist, was soon followed by blotches, with violent itching and burning; the face was hot; in the evening there were

much itching and burning on different places in the face. At night much itching on the face and sexual organs, especially the prepuce. The skin on the scrotum was inflamed and thickened. There was very violent burning and itching on the left cheek, soon followed by the whole face becoming so burning hot that I had to leave the bed and wash the face in cold water. (Fourth day). On rising next morning there was much burning in the hands, especially between the fingers, which are somewhat swollen. The itch-like eruption on the back of the left hand and on the fingers, which disappeared last evening, has reappeared and disappeared several times during the day. The hydroa vesicles on the back of the third finger are larger than they were yesterday. The right side of the face is the same as last evening, the left worse and more swollen and inflamed; there is much itching and burning on the latter, also behind the ears, which are swollen and inflamed. The attacks of itching, burning, and inflammation show the same irregular periodicity as in the first proving, and are also followed by an eruption of blotches, vesicles, and red spots, and are produced and increased by the same causes; the general result of this proving was much the same as of the first. The next day (sixth) the right side of the face was nearly well, the left better, but there was still much itching on the lower part of the left cheek, and on the back of the left ear. In the face desquamation occurred in the parts which had been most affected; the hands were worse than yesterday; the itchlike symptoms on the backs of the hands and on the fingers (at times violently itching), worse and more numerous than on any previous day; itching in the sexual organs. Four small pimples filled with pus on the face. On awaking next morning (seventh day), violent itching between the fingers, but little inflammation and itching on the face; desquamation more extensive than yesterday: the back of the left ear still rough; the hands worse than yesterday; the skin rough. At 2 p.m. on the eighth day, the lower part of the cheeks, especially the right, were swollen and inflamed, violently burning, and covered with blotches; on the back of the hands and between the fingers there was often violent burning and itching; between the metacarpal bones of the left thumb and first finger, the skin was inflamed and swollen; erythema on the right side of the neck extended to the chest. The scrotum and prepuce were itching. At 2 a.m. of the ninth day, severe itching on the hands, particularly between the fingers, so that I had to put them in cold water. On the whole the symptoms to-day are much like those of yesterday, viz., periodical inflammation, swellings, vesicles, red spots, blotches, itching and burning on the face, ears, neck, and hands; this morning little red spots and itching on the inside of the thighs; the itchlike affection on

the hands has spread from two to three inches above the wrist, and is worse on the left. The last three mornings on rising there has been an intense itching on the hands; the various symptoms gradually subsiding, and the face desquamating. The little scabs formed from the hydroa vesicles on the finger fell off to-day—the thirteenth. Desquamation on the fingers commenced simultaneously on different parts, and spread in circles or rings; some of these are confluent to-day, caused by an indented appearance of the desquamation. On the thirty-fifth day the desquamation on the back of the hands and fingers was completed, and spread into the palms of the hands. The nocturnal itching occurred but three or four times during the last eighteen days, and during the last fourteen scarcely any itching even at night.

These cases all show the power of *rhus*, both *toxicodendron* and *venenata*, to produce conditions similar to some cases of eczema, erysipelas, erythema, nodosa, and variola. The eczema in which *rhus* is indicated as the symptoms it produces will have shown you is the E. *rubrum*, where the vesicles form rapidly, the skin surrounding them is red and angry-looking, hot and swollen. The pain is a mixture of itching and burning, very irritating and weakening. The serum in the vesicles quickly degenerates into pus, and forms a crust. This form of eczema is met with in various parts of the body, but most commonly in the flexures of the joints. It is generally attended with a febrile condition of a typhoid character and with diarrhœa. In such cases you will in a large proportion of instances find in *rhus* all the help that you can obtain from medicine.

Erysipelas is universally acknowledged to be one of the effects of *rhus* poisoning, and in the variety which the condition it produces simulates there is no more useful medicine; this variety, the description I have given indicates as the E. *œdematodes* and E. *phlegmonodes*. In many cases of the former *apis mellifica* is the more suitable medicine, but when it occurs in old people whose health has been much weakened, who suffer at the same time from a dry tongue, parched mouth and throat, and a frequent exhausting diarrhœa, *rhus* will be preferable. In phlegmonous erysipelas there is no better medicine than *rhus*.

It is indicated by the extreme swelling, tension, heat and dusky redness of the part; bulliform, and rapidly purulent disorganisation threatens. Given early, *rhus* will often

prevent the full development of the threatened mischief, and even when this has occurred to a serious extent, it will, if persistently prescribed, often avert the fatal consequence threatened. It has frequently been given alternately with *arsenic* in such cases, but there is really no necessity for this. *Rhus* will usually accomplish all that can be accomplished by medicine in such a condition.

The scrotal œdema caused by *rhus* has to some, I believe, suggested it as a remedy in hydrocele. This it is not. The effusion it occasions is in the connective tissue of the scrotum; this, when occurring as a disease or part of a disease, it will relieve—not when it occurs in the tunica vaginalis, the seat of the collection of serum in hydrocele. The kind of case in which it is useful is illustrated by one recorded by Dr. Weber in the *Allgemeine Homoöpathische Zeitung*, vol. xxxix. The patient was a farmer suffering from general dropsy, of which a prominent feature was a swollen scrotum and prepuce, from which there hung a moderately-sized, long-shaped blister. Here *graphites*, a medicine which has been found useful in hydrocele, was of no service. Other medicines were given, but the scrotum continued to increase in size, ultimately attaining considerable dimensions, when the prescription of *rhus* was followed, within a few days, by the diminution of the scrotum to one half its previous size, and in a short time by complete recovery.

Erythema nodosum is another condition in which *rhus* has often been found useful. It is indicated here not only by the condition of the skin and connective tissue characteristic of the disease, but also by its frequent association with the rheumatic diathesis and with pains in the joints.

It is also called for in some few cases of herpes zoster.

Eczema, erysipelas, and erythema are all forms of disease liable in some persons to recur at stated intervals.

In cases where this tendency to periodicity is a marked feature, you will have an additional reason for selecting *rhus* as your medicinal remedy. Again, in some instances of variola, *rhus* will be found useful, especially when the pustular formation is large and confluent, the swelling great, the redness of a dusky hue, and the general condition of the typhoid type, with low muttering delirium and diarrhœa.

Lastly, I would draw your attention to the fact of the value of *rhus* in almost all conditions which are distinctly traceable to exposure to the combined influences of damp

and cold. Whether it be diarrhœa or dysentery, facial neuralgia, lumbago, sciatica, or rheumatic pains in the joints; in almost all manifestations of local disease, which are the direct consequences of cold and wet, you will find *rhus* a most important means of affording relief.

It has been prescribed in almost every variety of dose. In paralysis the pure tincture may be given with the greatest advantage. In rheumatism the 1st cent., the 3x and the 3rd cent. have been most frequently used. In skin diseases the 3rd and 6th centesimals are quite suitable. In the fevers in which *rhus* is indicated the 1x and 1st centesimal will be convenient dilutions.

13, Church Road,
Tunbridge Wells.
June 9th, 1883.

LONDON HOMŒOPATHIC HOSPITAL. CASES OF TYPHOID FEVER UNDER THE CARE OF DR. J. GALLEY BLACKLEY.

Case VIII.

Mary S., æt. 18, probationer nurse in the hospital and attendant upon the last patient (*vide* p. 238) since his admission. Was sent to bed at 2 p.m. on November 2nd, 1882, complaining of general malaise, with a temperature of 102.2, and pulse 108. The tongue was but very slightly coated, and the bowels were constipated. The patient complained of pain in the right shoulder-blade and back of the neck. *Acon.* 1x, a drop every two hours, and a milk diet were prescribed by the house-surgeon. At 7.30 p.m. the temperature was 104.2.

Nov. 4th. M. T. 102. P. 112. Tongue more coated; neither spots nor abdominal tenderness are present; still has much pain and tenderness below right scapula; urine passed during last twenty-four hours measures 32 oz.; slept badly last night. To have *Bellad.* 1x in alternation with the *Acon.* E. T. 103.2.

Nov. 5th. M. T. 102. P. 100. Slept about 6 hours; tenderness very much less this morning. Temperature (taken at 5 p.m.) 104.4.

Nov. 6th. M. T. 101.8. Slept about four hours; was very restless—talking a good deal in sleep; the pain in shoulder better; this morning has had, after enema, a very large, hard, natural-looking stool. ℞ *Bry.* 1x gttj. 2dis horis. E. T. 103.

Nov. 7th. M. T. 102.6. P. 116. Slept well, but talked in sleep; had three more large stools yesterday, natural looking; has no headache or pain anywhere; slight tenderness on pressure in right iliac region; abdomen distended; no spots. E. T. 103.4.

Nov. 9th. M. T. 101.8. P. 120. One formed natural looking stool yesterday, and one loose yellowish one in the night; slept most of day yesterday, and three hours in night; abdomen much distended, but not so tender; no spots. E. T. 103.8.

Nov. 11th. M. T. 102.8. P. 120. Has had six stools, the first two formed, the others loose, light yellow; coughed a little in the night, and talked in sleep; had seven hours sleep; abdomen much distended this morning, and more tender; four spots. ℞ *Arsen.* 3x gttj. 2dis horis. Two ounces of brandy to be given in the milk daily. E. T. 103.2.

Nov. 12th. M. T. (1 a.m.) 101.6. P. 128. Slept all night, except from 3 to 4; two small typhoid stools; coughed a little in night; was sick last night; slight dulness on percussion on right side of chest posteriorly; loud moist râles on both sides; most marked on right side. ℞ *Ant. T.* 3x grj., 2dis horis. Eight oz. of champagne to be given daily in place of brandy. E. T. 103.4.

Nov. 13th. E. T. 104.

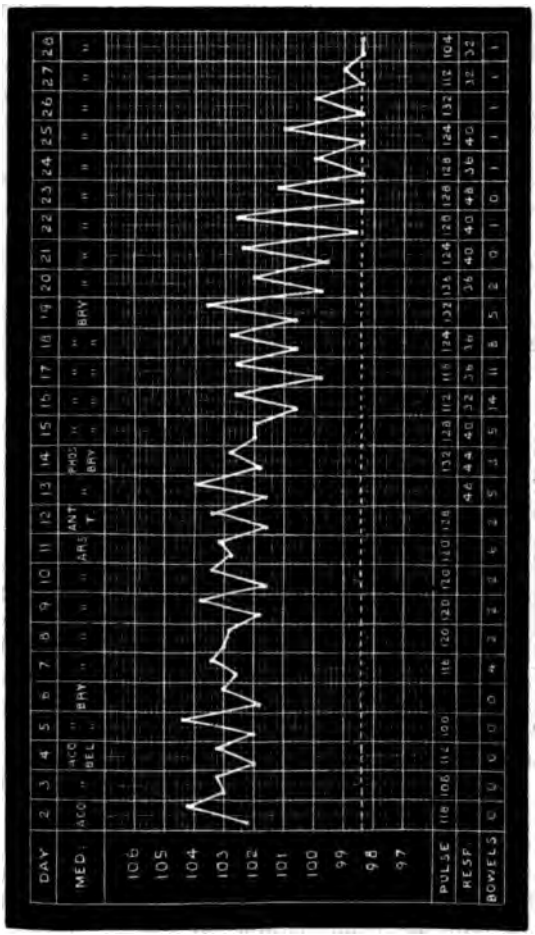
Nov. 14th. Max. temp. 102.8. Min. temp. 101.8. P. 132. R. 44. Loud râles on both sides, back and front, chiefly on left side to-day; three stools; slept six hours; very restless; perspired a good deal; ℞ *Phos.* 3x gttj., and *Bry.* ϕ gttjs. every two hours alternately. Beef tea.

Nov. 15th. Temp. 102 all day. Pulse 128. R. 40. five "pea-soup stools" in twenty-four hours; slept well all night, and two-and-a-half hours yesterday; perspired very much last night for an hour; the beef tea causes nausea; to have a bottle of *Koumiss* per diem in place of it.

Nov. 19th. Temp. max. 103-6, min. 100.5. P. 132. B. 5. Slept well; perspired a good deal; no sickness; tongue dry and brown; R. 44; cough better. Has taken one pint of milk with a bottle of *Koumiss*. Discontinue *Phosph.*

Nov. 20th. Temp. max. 102, min. 99.8. P. 136. B. 2. R. 36. Slept quietly and well. No talking or wandering; perspired much in the early part of the night; cough troublesome during the evening; tongue cleaning a little at edges; no abdominal pain; tenderness better. Took two pints of milk and two bottles of *Koumiss* in twenty-four hours.

Nov. 21st. Temp. max. 102.4, min. 99.6. P. 124. B. 0. R. 40. Slept well; a little cough, very little expectorations; does not talk in her sleep, but does not seem to



know where she is, and talks strangely for a few minutes after she wakes; perspired a good deal; tongue not quite so dry, and a little cleaner; the tenderness better; abdomen still feels full.

Nov. 22nd. P. 128. R. 40. B. 1. Stool more formed and natural in colour; perspired much part of the night.

Nov. 24th. P. 128. R. 36. Slept well; perspired much; still talks rather wildly on waking; tongue moist and cleaner; not so tender; coughs but little; the stool yesterday was FORMED and light; this was repeated to-day. To have arrowroot and milk, and a small bottle of champagne daily.

Nov. 27th. P. 112. R. 32. Stool formed and natural in appearance; slept well; the tongue moist and but slightly coated with a whitish fur in patches; the abdomen not tender now when pressed. To have some well-boiled rice and milk *vice* arrowroot.

Nov. 28th. Temp. normal morning and evening.

Remarks:—A striking feature in this and the following temperature charts is the extent of the daily range, amounting on one or two occasions to 4° and upwards. The explanation of this is that in place of recording the temperature taken morning and evening at an arbitrary hour, we have, by taking the temperature every two or three hours during the twenty-four, found the minimum and maximum for each day, and have given them accordingly.

CASE IX.

Sydney H., aged 15. Admitted Nov. 22nd, 1882.

History: Has always had good health. About three weeks ago complained of pains in abdomen, so severe that he had to stop if walking or working, and double himself up. This was accompanied with diarrhœa, which relieved the pains for the time being. He had no headache, and between the attacks of pain felt fairly well. A week ago (about 14 days after first having pain) he was taken much worse. There was much pain in the head and in the back. He kept on with his work, but fainted on the following morning, and again in the evening, and has kept his bed since. There was some diarrhœa (four stools in twelve hours), alternating with constipation. Some pain in abdomen. Temp. day before admission 104°.

On admission: Face flushed, skin dry. Temp. when admitted, 103.8. P. 104. Tongue moist and slightly coated; pain in abdomen and some tenderness, gurgling in right iliac fossa; abdomen feels full; one doubtful spot; chest clear; cough without expectoration. To have *Arsen.* 3x a drop every two hours, and milk *ad lib.*

Nov. 23rd. P. 105. Slept but little all night; pain in abdomen; bowels not open since admission; tongue coated, but not thickly, except at edges; perspiring freely. *Baptisia* ϕ substituted for *Arsenicum*, and Benger's "self-digestive food" added to the milk which he takes. Maximum and minimum temperatures 105 and 102.4 respectively.

Nov. 24th. P. 112. R. 40. B. 1. Slept very badly; cough troublesome; some expectoration streaked with blood, apparently from nose and back of throat; perspired freely during the night; the motion was large, semi-formed, yellowy-white in colour; tongue coated with slight white fur, except at tip and edges, which are red and rather dry; the abdomen full, not tender, exhibiting one or two fresh, but still doubtful, spots; takes milk well; no sickness; pulse full and bounding; chest resonant on percussion; the breath sounds normal. E. T. 105.4.

Nov. 25th. M. T. 103.6. P. 103. R. 32. B. 1. Very restless during the day yesterday, slept but little; after temperature was taken at five (105.4), he had a whole pack (cold); he remained in pack nearly an hour; temp. directly afterwards was 103.6; he was quieter and seemed relieved; at twelve midnight, T. 104; fairly comfortable; did not sleep much (2 hours), quiet and no wandering; bowels open, and light, almost white, formed stool; this morning he seems rather better, has had an hour's sleep; much headache before sleep, but better now; some pain in left side of abdomen; slight cough; hardly any expectoration; tongue only slightly coated; abdomen tumid, but no tenderness or gurgling; there are two spots this morning. *Baptisia* discontinued last night, and *Arsen.* reverted to. T. at 5 a.m., 103.6. At 8 a.m., 103.6. 1 p.m., T. 105. Packed for an hour; did not perspire much; 2 p.m., T. 104.2. 4 p.m., T. 105.2. 5 p.m., T. 105. P. 112. Seems more drowsy; has been sleeping a little. 8 p.m., T. 105. Packed for an hour; when taken out at 9 p.m., T. 103.4, was more comfortable after it, but was a little

weaker; did not perspire much. The urine clear and no albumen.

Nov. 26th. 1 a.m., T. 104. 3 a.m., T. 103.2. 5 a.m., T. 102.6. 7 a.m., T. 103.4. 8 a.m., T. 103.2. 10 a.m., P. 116. B. 0. R. 32. Slept 3½ hours; wandered a little; muttering in sleep; some cough; not so bright as he has been since he came in; a little deaf; the tongue dryer, and the fur, although not thick, is much browner; perspired early this morning, but not during the night; bowels not open; abdomen full; slightly tender on pressure; a few fresh spots; complaining of a severe abdominal pain; no headache; takes four pints of milk in twenty-four hours; no sickness; basis of lungs resonant; breath sounds normal. 12 noon, T. 104. 2 p.m., T. 105. 4 p.m., 104. 5 p.m., 105.4. 8 p.m., 105.

Nov. 27th. 1 a.m., 103.6. 5 a.m., 103.4. 8 a.m., 103. 10 a.m., P. 108. R. 36. B. 0. Towards afternoon yesterday he got brighter, but more restless towards the evening, and at eight he began to be a little delirious; was more so during the night; talking most of the night; complained of much pain in abdomen; cough troublesome; expectorated a little, the sputa contained dark blood; the bowels not open: the abdomen is painful and tender; one or two fresh spots; there is gurgling in iliac fossa; tongue dry, fur brown; did not perspire during the night. ℞ *Bell.* 1x gttj. every hour after 6 p.m., if awake.

Nov. 28th. 8 a.m., Temp. 103.8. 12 noon, 104.4. 2 p.m., 105. 4 p.m., 104.8. 5 p.m., 103.8. 8 p.m., 104.8. P. 100. R. 38. B. 1. Slept better; no wandering; perspired slightly during night; some epistaxis during night; cough rather troublesome, but better; one stool, formed, light-coloured. 12 p.m., 104.8. 2 p.m., 104.8. 4 p.m., 105.4. Packed, and has got very white and exhausted. 6 p.m., 102.8. 8 p.m., 105.

Nov. 29th. 1 a.m., 104.2. 3 a.m., 103.8. 5 a.m., 103.6. 8 a.m., 103. 10 a.m., T. 103.2. P. 106. R. 36. B. 2. The first stool formed, not very light; the second looser and rather lighter, but not at all a typical typhoid stool. Much duller all yesterday and weaker. Slept only 1¼ hour; no wandering; perspired a little; cough with expectoration, with blood; complains of pain in abdomen; no tenderness; one or two fresh spots on lower part of chest, and one fresh on abdomen; tongue dry, very little brownish fur on it; was deaf yesterday and early this

morning, not so much so now; the respiration is a little harsh, and slight wheezing, with expiration at left base. T. 4 p.m., 104.8. 8 p.m., 105. Sponged with vinegar.

Nov. 30th. 1 a.m., 103.4. 5 a.m., 103.2. 8 a.m., 103. He was more deaf this morning; tongue rather dry, but not thickly coated; slept but little; no wandering; stools large and loose, but not watery. 6 p.m., 104.6. 8 p.m., 104.6.

Dec. 1st, 1 a.m., 103. 5 a.m., 102.6. 8 a.m., 103. 10 a.m., P. 112. B. 2 in the night, one formed, the next watery but dark; slept nearly all night; no wandering; no abdominal pain; some spots still; no tenderness; splenic dulness much increased, measuring 6½ inches in length. 5 p.m., 103.6. 8 p.m., 102.6. At 7 p.m., had a good deal of epistaxis; seemed to swallow a good deal of blood.

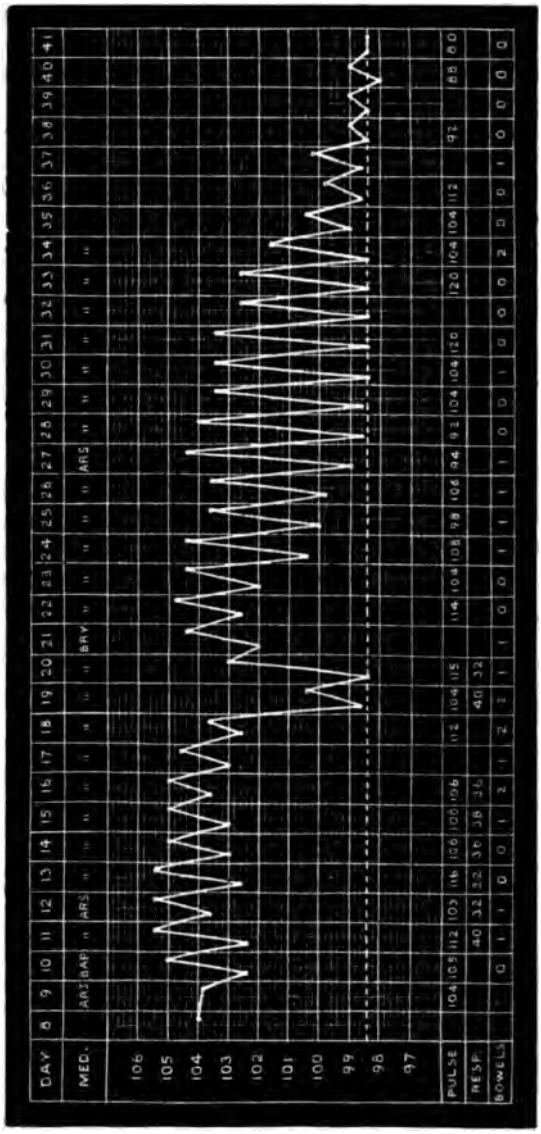
Dec. 2nd. 1 a.m., 101.2. 5 a.m., 100. 8 a.m., 98.6. Slept fairly, but wandered much; bowels open once during the night; motion formed, dark; with it, but not mixed, was some dark, almost black-looking blood; bowels open again this morning; loose, blackish stool, looks like semi-digested blood; he has been bright this morning; is now sleeping quietly. R. 40. P. 104. More compressible; tongue dry, but not very coated. The abdomen tender on pressure; chest clear; the motion examined with microscope does not show any blood cells.

Dec. 4th. Min. temp. 102, max. 104.4. Slept fairly, no wandering; did not perspire; tongue large, clean, moist; very deaf; abdomen not tender; had one light formed stool. ℞ *Bryon.* 1x gttj. 4 tis horis.

Dec. 10th. Min. temp. 99, max. 104.4. P. 94. Very deaf. Had an enormous light formed stool; ℞ *Arsen.* 1 gttj. 2 dis horis and 4 oz. of brandy per diem.

Dec. 14th. Min. temp. 98.4, max. 103.4. P. 120. Small; very deaf; still some tenderness in right iliac region; takes food well; splenic dulness still increased, and some tenderness over splenic region; on percussion the bases of both lungs appear clear. To have a small bottle of champagne daily in place of brandy.

Dec. 24th. Temperature normal night and morning. Complains of feeling very hungry; to have some bread and milk in place of the pancreatised food which has been given steadily since the day after admission.



Remarks: This case is also remarkable for the high average of the maximum temperatures, but more especially for the great difference between these and the minimum

readings, in some instances amounting to as much as 5.3° Fahr. It is also worth noting that this difference was seen to persist for several days before permanent improvement set in. The real value of the phenomenon as a means of prognosis remains to be tested by more extended observations; but I am strongly of opinion that there is a direct relation between the extent of the daily temperature-range and the amount of tissue-waste—in other words, a low *minimum* temperature implies a *moderate* amount of tissue metamorphosis, and, *ceteris paribus*, justifies a favourable prognosis.

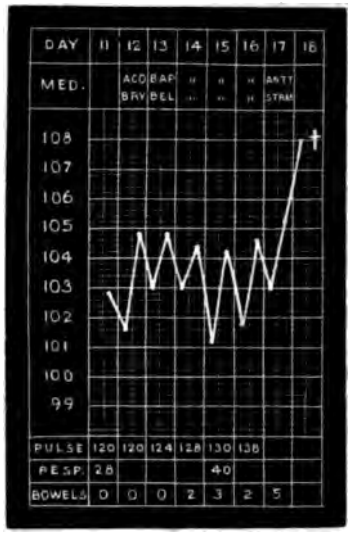
Case X.

Susannah B., aged 21, was admitted on November 28th, 1882, with all the symptoms of acute rheumatism brought on by a wetting twelve days before. For these symptoms she received at the hands of the house surgeon *Acon.* and *Bry.* alternately every two hours. On the evening of the following day the temp. rose to 104.8 and the morning temp. of the 30th was 103. At the time of my visit I found the pulse 120, resp. 28. Had slept little though there was no wandering. Tongue white, moist. Abdomen tender on pressure; five characteristic pink spots seen on abdomen. Bowels not open for several days; chest normal; pain and swelling in the joints present on admission have quite disappeared. I prescribed *Baptisia* ϕ gttj. 2 dis horis with occasional doses of *Bell.* at night. The subsequent history of this case is sufficiently afforded by the chart. Diarrhœa commenced on the fourth day with a slightly lower temperature. On the sixth day had been very delirious all night, the abdominal symptoms meanwhile being of the mildest possible character. Temperature rose in the evening to 104.8.

December 4th. Morning temperature 103, pulse 138, weak and very compressible. Tongue densely coated with white fur, moist, very tremulous. Had chattering delirium all night and this morning bowels have moved five times. Some tenderness. To have *Ant. t.* in place of *Baptis.*, and *Stram.* in place of *Bellad.*

At 5 p.m. I saw the patient again and found her delirious, with brightly flushed face and dilated pupils. Temp. 105.2. ℞ *Sod. salicyl.* gr. xx every three hours. Early the following morning after a troubled night the breathing became

embarrassed and she died at 6 a.m. with a temperature of 108 in the axilla just before death.



Sectio cadaveris (twenty-nine hours after death): Body well nourished, still warm; abdomen not distended.

Brain: Dura mater adherent to calvarium over posterior part of superior long. sinus, and to hemispheres on each side of superior long. fissure by numerous small patches of plastic lymph; superficial veins engorged. Brain substance when cut shows signs of engorgement. Ventricles contain a small quantity of fluid. Base healthy.

Chest: Lungs hypostatically congested and œdematous, otherwise normal.

Abdomen: Spleen slightly enlarged, much congested. Stomach, duodenum, and jejunum normal. Mesenteric glands enlarged; over last three or four feet of ileum several reddened vascular patches existed. Internally inflamed and swollen Peyer's patches, not broken down, merely pulpy, valve ditto; in cæcum and colon solitary glands all enlarged to size of horse-beans and several beginning to break down.

Remarks: This case affords a striking example of the existence of a high pyrexial condition out of all proportion to the extent and severity of the local lesions, which, both

in the brain and the abdomen, were comparatively insignificant. In the absence of any appreciable effect from the medicines previously given, we determined to give the patient the benefit of a trial of the *Salicylate of Soda* in substantial doses, but this too failed to afford the slightest amelioration of the symptoms. Four doses of 20 grains each were administered, but the temperature rose steadily from 105.2° to 108°.

Résumé: The present series of cases (*vide* also p.p. 170 and 232) afford examples of most of the types of enteric fever met with at present in the metropolis, and of the treatment appropriate to each. We miss the putrid, or adynamic form of typhoid, so common during severe epidemics, and still to be met with endemically in many continental towns, the form demanding in its treatment *Rhus*, *Phosphoric*, or *Muriatic Acid*. Cases I., II., III., IV., and VII. may be classed, for the sake of convenience, as belonging to the "abdominal" variety of the older writers; Cases V., VI., and VIII. to the "pulmonary"; and Case X. to the "cerebral" class. It will be seen, by reference to the charts, that *Arsenicum* was given at one time or another in a large majority of the cases; indeed, it may be said that, for cases of a non-epidemic character, *Arsenic* is "the" medicine *par excellence*. Concerning the use of *Baptisia* in some of the cases, I would merely remark that it was given, in the absence of any grave symptoms, experimentally, my desire being to test it as thoroughly as possible in cases where no possible doubt could exist as to the correctness of the diagnosis. I have elsewhere * stated my reasons for mistrusting *Baptisia* in genuine typhoid, and further experience and a critical examination of the published results of its use have convinced me that its claims to recognition as a trustworthy addition to our armamentarium in true enteric fever are based upon the slenderest of evidence, if not upon a series of flagrant errors of diagnosis.

Gordon Street, Gordon Square.
June 20th, 1883.

* *Annals of the British Homœopathic Society*, February, 1883, p. 135.

SOME TYPES OF NEURALGIA AND THEIR TREATMENT.

By A. Midgley Cash, M.D., Torquay.

By the term neuralgia, is commonly understood, *pain unaccompanied by inflammation*, or appreciable change of the affected parts. The pain is generally acute, and is by some authors generally associated with an intermittent or periodic character. That it is usually intermittent is evident in following the history of the cases commonly met with in practice, in which the pain is found at times to be entirely absent. The interval of freedom from pain may be definite and precise, the onset following regularly just as the attacks of intermittent fever. Indeed, whether associated directly with malarial poisoning or not, distinct nerve pain seems to have a strong tendency to periodicity in recurrence.

Cases of pure neuralgia, to whatever causes due, are not at all rarely met with in ordinary practice. Those specifically due to malarial poisoning must be frequent in some places, correspondingly rare—except when imported—in others, as the natural characters of a district favour their development or not. But no doubt the term neuralgia is popularly used—and to some extent even by the profession also—to cover a legion of painful affections, in which the cause is doubtful, and which, if examined critically, would not pass muster as examples of pure neuralgia. Nor would it be, perhaps, easy to class them under any other specific malady.

In looking over numerous notes of private and dispensary cases, I am impressed with this fact, but if exception is taken to any of the illustrations given, it may be said that, as a matter of fact, the homœopath, looking as he does more to the whole symptoms of each individual case rather than to the name by which these collective symptoms may seem most suitably to be designated, for his indications for treatment, need not be much disturbed by difficulties met with in the mere classification of disease.

That this view of studying disease, viz., by looking at the individual symptoms of each case, should in a malady like neuralgia, where the symptoms are almost entirely of a subjective character, lead the homœopathic practitioner to disregard the pathological aspect of the complaint seems natural, and though as a general rule pathology is valuable in extending the knowledge of disease and aiding in the choice of the appropriate remedy, yet the pathology and

etiology of many of the painful neuroses is still so obscure that they may, as far as treatment is concerned, often be left out of consideration altogether, the subjective symptoms or patient's complaints alone being trusted to in order to determine the choice of the curative remedy.

No doubt there is much in the fixed habit of nerve pain, which once established tends to recur and become chronic, and this renders the treatment of neuralgia often tedious and difficult. Recent cases are the most satisfactory. Much may be done by a careful review of the concomitant symptoms in addition to those more directly associated with the pain itself, even in severe and long-standing cases. If anything is to be hoped for an entire cure, it must be from carefully chosen homœopathic remedies in the hands of those who have faith in their weapons, and who recognise *chloral, bromide of potash*, and the hypodermic injection of *morphia* for what they actually are—mere "hushers-up" of pain, means which, while they paralyse the sensient faculties, and so remove suffering for a time, do this too often at the expense of the healthy functional tone of the system.

As a matter of experience I have observed the commonest causes of neuralgia to be—

1. *Anæmic conditions* of the system, frequently induced by direct blood loss, as after profuse metrorrhagia and prolonged functional menorrhagia, and hence most frequently met with in women. The anæmia of chronic tubercular phthisis and chlorosis is also (perhaps less frequently) causative.

2. *Gastric derangements*, amongst which—as often arising therefrom—may be classed diseased teeth as an exciting cause.

3. *Catarrhal influences*, especially acting on rheumatic constitutions, or on those in a depressed state of health.

I propose to give a few illustrative cases.

Post-auricular Neuralgia cured by Baryta Acetica.

Mrs. W., æt. about 32, recently had a severe abortion at about the sixth week. The ovum was retained for several days, and the womb had to be dilated under chloroform to extract it. During the primary attempts of the uterus to expel its contents much hæmorrhage occurred, and from first to last she suffered considerable blood loss. This was followed in a few days by what she had been liable to

formerly, viz., a severe neuralgic attack. It came on two days after the operation in the shape of a frightful stabbing pain in the left mastoid process, aggravated by any movement or by touching the part, which was extremely sensitive. For this—having regard to the general condition—I gave her two grain powders of *spigel.* 1x and *china* 1x; the former specially on account of the pain, the latter I alternated for the anæmic condition, which appeared the root of it. The *character* of the neuralgia was covered by *spigel.*, which Hering gives as "having stitches in left side of head," also "pain worse on touch or movement." The next day I found her still in great suffering; she then got *verbascum* 3x, still alternated with the *china*. The third day found matters just the same. Having consulted Allen, I found under *baryta acetica* numerous stitching pressive pains in various parts of the head. Among them he gives "a pressing-asunder stitch, beginning in left side of head, traversing the whole left occiput." This seemed to warrant a trial. I gave her the 3rd trituration at intervals of a few hours, still alternating the *china*. Next day she was greatly better, and reported that the new medicine had relieved her head decidedly. The improvement continued, and she declared that of all the remedies ever used for the many and severe neuralgic attacks she had had, nothing had ever before given her such rapid relief. No pain worth mentioning in the head or elsewhere for five or six days. Then the neuralgia showed its old character by an attack on the right arm. Constipation of hard dry stools also present. The pain was promptly checked by *bryonia* 1x, which made an end of the attack.

Occipital Neuralgia benefited by Silicia.

Miss A. K., aged 21. A tall, dark-haired young lady. Works very hard as a teacher, is excitable and nervous, and worries much about her work. Came to me on Feb. 1st., 1882, complaining of severe pressive headaches, accompanied also by superficial pain in various parts of the cranium, altering in position from time to time.

Catamenia irregular, sometimes lasting too long and sometimes too profuse. Has a dry, frequent irritative cough., for which she got *ipec.* 1x., *bryon.* 3x., alt. 2 hours.

Feb. 3rd. Special complaint—irritative throat, with nocturnal cough. *Ignat.* 3x and *phosph.* 3x. Cough became much better after this, but she complained of

aching in eyeballs and head, which I suspected to be congestive, caused by anxiety, over-work, and over-use of eyes. For these *acon.* 1x and *bell.* 1x were given alternately.

Feb. 13th. Came again. The chest symptoms were better, but those of head, she said not at all. I found that frequently there was pain posteriorly over the occipital region and nuchæ. She had also usually much perspiration of the palms of the hands. All this led me to give *silicia* 3x, a powder every two hours, alternated with *bell.* 3x, which always seemed much indicated in her case. This seemed to meet the defect in the system, which more apparently indicated remedies such as *bryonia*, *bell.*, *ignat.*, &c., all previously tried, had failed to do.

Feb. 17th. Came to me reporting "head much better," especially also alluding to improvement in pain at back of neck. This girl was always ill in Devonshire, according to her own account, and was treated during the continuance of manifestly unfavourable circumstances. Intensely nervous and over-worked, an entire cure from medicine was impossible without rest, yet the means used greatly ameliorated her condition, and that after the failure of her usual medical attendant, an allopath, to do anything for her.

Left Prosopalgia cured by Phosphoric Acid.

The next case was associated with atonic indigestion, general nerve prostration having been caused in a weakly person.

Mrs. C., æt. 40, wife of a clergyman. Has had seven children in eleven years, her youngest is now seven years old. Liable to profuse catamenia, amounting to a gushing flow on the first day it comes on. She is a tall, thin, delicate-looking lady. Complains of a terrible stabbing pain in her head. Always semi-lateral, and at present left-sided, from which she suffers regularly from 10 to 12 every night. She has also a constant sinking, and pain at epigastrium, which is relieved, but only for a short time, by taking food, the need for which, with renewed pain, is again very soon experienced. She got *pulsatilla* 2x, 1 grain every two hours.

Feb. 12th. Reports herself decidedly better of the "sinking," but the neuralgia very bad one night. Ordered her *ac. phos.* 1x gtt. v. ter die, and at time of the paroxysm *gelseminum s.* 1x gtt. every hour.

Feb. 15th. No severe neuralgia in head since last. The sinking also been much less. *Ac. phos.* continued and *china* at intervals. The catamenia now occurred, and got over with less loss than usual.

March 6th. She wrote from her home in the Midlands, to which she had returned, that she was stronger, and had quite lost her neuralgia. The dyspeptic symptoms were better, but not entirely gone, and for these she was advised to continue *pulsatilla* for a time.

Neuralgia owing to Gastric Derangement.

The next case might perhaps be put down as a hemicrania, of which malady Neimeyer considers it doubtful whether it should be classed among the neuralgias, "as is almost universally done."

Miss L., æt. 35. A tall, dark-complexioned executive person, complained to me on June 10th, 1881, of a violent tearing pain, in right side of head, accompanied by throbbing in the temple and pressure on the vertex. The eyes are also affected—lids swollen and red. She suffers from indigestion, one of the effects of which is palpitation of the heart. I considered this case primarily dyspeptic, and that the head pain was secondary to the stomach derangement. Prescribed in the first place two pilules of *glonoin* 6x three times a day.

June 11th. Very much better; has no sharp pain, only a dull aching felt now. I now put her on a course of *nux vom.* 3x, 2 pilules to be taken morning and night.

June 15th. Complains of symptoms of a cold in the head, with a weak feeling in eyes and ear-ache. *Acon.* 1x, *puls.* 1x alternately every two hours.

June 17th. Better, but inclined to headache, and appetite poor. I now gave her *bryonia* and *china* alternately, which she continued pretty steadily for two weeks, when being nicely again, the treatment was discontinued.

Case of Facial Neuralgia.

The following was treated at my Dispensary:—

Mrs. H., æt. 50, came to me March 20th, complaining of severe pain in face and neck, shooting into the temple, and accompanied with soreness of the mouth and gums, for which *acon.* 3x, *nux* 3x, 1 pilule alternately every two hours, was prescribed.

April 10th, next visit. Reported "neuralgia quite gone," and there has been no recurrence of the complaint.

Odontalgia and Reflex Neuralgia.

In the following, diseased teeth were at the bottom of the trouble.

Miss E. C., æt. 16, suffers from chronic angina faucium, and has numerous carious teeth in both jaws—all probably owing to chronic dyspepsia in a poor constitution. Has been ailing six months, suffering much pain all the time from wearing toothache, which prevents sleep; tongue furred; menses not settled yet; is weak, and has a poor appetite. I first saw her April 21st, 1882, and gave her *merc. sol.* 3x, *puls.* 1x, to be taken alternately every two hours.

April 22nd, next day, I found her quite free from pain, and she had slept better during the night.

April 24th. *Chamomilla* was substituted for *pulsatilla*, and *spigelia* given for severe stabbing pains which she sometimes feels in the ears, probably through the intimate association of the internal ear with the inferior dental, and other branches of fifth cranial nerve through the chorda tympani, &c. The fur on the tongue noticed in this and other cases of carious teeth, is due probably to reflex irritation acting along branches of fifth nerve, and through the free inter-nervous communication which subsists between this and the glosso-pharyngeal nerve. Irritation at one end of the circuit causing degenerative changes at the other.

April 29th. Found her nicely. Has had hardly any pain. Here the teeth were still left untouched, whilst the pain they caused was removed for the time, but the aid of the dentist may be required to make the cure of such cases permanent.

Right-sided Prosopalgia of Six Months standing. Rapid Cure.

E. V., aged 26. A Dispensary case. Came to me April 10th complaining of severe pain in the right side of the head, from which she had suffered almost continuously during the past winter. The pain seemed to start from the ear, and the bones of the head on the affected side felt sore and aching. She was housemaid to a lady who was strongly prejudiced that there could be but one way of cure, viz., the "orthodox;" and a long course of quinine and steel, &c., had been taken but without any alleviation of the pain. Getting no better, a friend advised her to try

the "Homœopathic," and her mistress being from home at the time, the girl took advantage of her absence to visit the Homœopathic Dispensary. Pilules of *bell.* 1x and *merc. sol.* 5x, one alternately every two hours were prescribed. They cured her straight off, and a fortnight after she returned to say that she had had no pain since she began the medicines.

So much for the "little pills" which accomplished at once what all sorts of drugs and reputed pain-killers had failed during a six months trial to effect.

Paresis of Third Nerve, and Vaso-motor Disturbance associated with Morbid Teeth.

This was a very curious case, which illustrates how irritation in one place may by reflex action induce very striking symptoms at another, simulating the presence of some serious disease.

G. H. W., a boy aged 11, came to me at Dispensary on the 7th of February, 1882, complaining of symptoms of paralysis of the left third nerve or motor oculi and headache. There was considerable ptosis of the upper eyelid, and there was deficient power in the internal rectus muscle. The mother stated that the affection came on suddenly three months ago. There was no distinct history of cold, but the boy had very bad teeth, and had suffered much from toothache. There was some headache, but no giddiness, sickness, or other evidence of cerebral tumour. *Causticum* 3x, pil. ii, thrice a day.

Feb. 28th. The report is eye much more open; can raise lid better now; headache better. Repeat.

Mar. 21st. There is still a certain amount of drooping of the lid, though much better than at first. Pink blotches come out over the skin of the ears. This he has had before. *Caustic.* 30x, pil. ii, twice a day.

April 25th. Report much as at last visit. He got *gelsem.* s. 3x, pil. ii, t.d.

June 6th. Decidedly better. Very much less droop in eyelid, which is quite trifling now, and the parents did not trouble to bring the child again after this date.

The cause of the paresis in this case is of interest, induced as it probably was by the long-continued reflex irritation of the morbid teeth. To this cause also may be ascribed the local vaso-motor paralysis allowing of distension of the blood-vessels, and consequent red patches over the ears, as noted in the report.

Intercostal Neuralgia cured by high dilution of Bryonia.

Gastric causes seemed to be excluded, and origin was not fully clear in the following:—

M. F., age 23, a nurserymaid, applied to me Feb. 22nd to relieve her of a nearly constant and very severe pain of a "scraping" character, located at inferior angle of the left scapula, also going across a little higher up over right blade bone. Questioned particularly on the point, she stated that it does not seem to bear any relation to food taken. During past three years has had these attacks. *Bryon.* 3x ordered.

Feb. 22nd. No relief. Feeling sure that *bryonia* was indicated, I ordered *bryon.* 30x, 2 grains of the triturated tincture three times daily.

Feb. 28th. Pain has been gradually getting less since last visit. Now feels no pain at all. A couple of months after, when visiting other patients at the house, I found the girl had been keeping quite free of her old enemy.

In Allen's *Materia Medica*, under *bryonia*, is given "a scraping, sticking sensation in a place between the shoulder blades as large as a quarter of a dollar."

Here the higher dilution (30x) appeared to be rapidly curative, where the lower (3x) did not seem to have touched the pain; but we must not speak dogmatically, remembering "*post hoc et ergo propter hoc*"!

Neuralgia of Right Supra-Orbital Nerve, probably Syphilitic, cured by Mezereum.

Amelia U., æt 35. Dispensary case.

Feb. 6th. Complains of very severe pain—aching and stabbing; comes on at 6 a.m. The orbicularis palpebrarum muscle flickers in spasmodic contraction, and the eye runs water. She speaks with nasal intonation. Has had an eruption of the skin, with sores of the mouth formerly. *Mezereum* 3x pil. ii, 2 h.

Feb. 20th. She is much better. Pain has been greatly lessened. When the attacks come their character is still the same.

March 6th. She reported still further improvement, and after this discontinued her visits to Dispensary.

Mezereum acted well as the homœopathic remedy in this case. It was indicated by the pain, its seat, nature, and character; by the muscular spasm and lachrymation, which symptoms it excites in the healthy. It was indicated also,

by the probable cause of the neuralgia, viz., syphilis. Very likely there may have been some syphilitic periostitis of the sheaths of some of the cranial nerves, *e.g.*, the 5th and 7th, which the *mezereum* was equal to removing.

Catarrhal Sciatica.

The following case illustrates neuralgia caused by a chill. Mr. G. P., æt 35, had been going about during severe winter weather with insufficient underclothing. He was seized with acute sciatica in the night, the pain being so great that he could not help shrieking aloud. I saw him on the morning of the first day of the year, and gave him *acon.* 1x, *colocynth* 3x alternately. Ordered the back of limb to be rubbed with *rhus* liniment, and encased in a roll of cotton-wool. Next day found him much better, and on the 3rd he was able to go about his business out of doors as usual. The pain when felt being of a stabbing nature, he was ordered to continue *spigel.* and *colocynth* for a while.

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

What they mean, and their treatment according to homœopathic principles.

By Dr. Med. Bernhard Hirschel, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

Fifth Section.

Percussion.

Percussion is perhaps the most important aid in the physical examination of the stomach; it determines the position, dilatation, the contents, the filling up of the stomach; by it we make out the circumference of the stomach, &c., yet its value is only relative; indeed, frequently the stomach is not even accessible to percussion, *e.g.*, when it is drawn together, empty, or deeply concealed. The stomach yields no specific ring or tone peculiarly its own; there is no peculiar stomach-tone, which we do not

find in other places—in the intestines, in the chest. It is therefore necessary to know previously its relations of position, as well as the physical signs of its adjacent organs, in order to ascertain its whereabouts by conclusion or exclusion. When I speak, therefore, in what follows of a stomach-tone, this only occurs for the sake of brevity, and I must be understood, as I wish it to be taken, *i.e.*, as the tone which comes from the stomach, without specifying its different kinds. The stomach usually yields a sonorous tympanitic sound on percussion, and it may in normal relations generally be well distinguished from the percussion-tone of the intestines; we must allow that cases may occur in which the colon yields a stronger tympanitic tone than the stomach; this is especially true of the percussion-tone of the narrow portion of the pylorus. In the upright position the heavy substances take in the stomach the lowest position, the pylorus portion, then the fluids come into the fundus, whilst the gaseous matters collect in the superior parts in the cœcal part (Blindsacke) of the stomach; in a horizontal position of the body matters are quite different; here the gaseous portions touch the anterior parts of the stomach, whilst the fluids and solids are collected in the fundus and cœcal extremity. Since we are accustomed in the first place to search after a stomach-tone, the horizontal position is the most usual for percussion, but is not always the best. In order to practise percussion of the stomach with advantage, we must ever bear in mind the possible position of the contents of the stomach in the different positions of the body; and more tone will be given out, besides the mentioned relations by the pylorus portion when the patient lies on the left side, and the fundus and cœcal extremity when he lies on the right side. When he lies on the abdomen or on his knees and elbows we shall find the stomach-tone in the one case on the back, in the other on the lateral superficies of the inferior part of the left chest. We shall also do well to wait a little before percussing at each change of position in the body, in order that the contents of the stomach should assume their point of rest. It is also advisable before percussion in general for every exact physical exploration of the stomach to clear out the bowels, by means of clysters and purgatives, and by scanty supplies of food to prevent its accumulation. The stomach may give a quite empty, dull sound, and all the known degrees

up to a full tympanitic sound; also the most different degrees of the sonorous tone, as we get them in percussing the chest are included. I mention this so expressly, because many people believe that they have to find the sonorous tone in the chest merely, and the tympanitic in the abdomen. In fat persons, in stretched abdominal muscles, hence on standing, in hypertrophy of the muscles of the abdomen, of the recti muscles, the tone on percussion is at one time weaker, clearer, at another higher, more sonorous; in relaxed, thin abdominal and ventricular walls it is, *cæteris paribus*, deeper, more tympanitic; sometimes it is necessary in percussion at one time to let the abdominal muscles contract, at another to suffer them to be relaxed; besides, the tone of the stomach differs, according to its being filled with gas, and the degree of fulness of extension. The stomach about the fundus and cœcal termination yields a fuller tone than at the narrower part at the pylorus. Further, the adjacent organs have an influence on the timbre of the stomach tone; a surrounding filled with air will make it fuller, one devoid of air will weaken it; *e.g.* the liver, a colon filled with fæces. I allow myself here a little parenthesis to say that in percussion of the stomach the left border of the liver projects a little into the tone of the stomach, thus reaches a little further below than the dulness of the liver goes. Generally people examine the stomach in this wise, that they percuss in the middle of the epigastric region down to the navel, and ascribe the first tone, which follows on the dulness of the liver downwards to the stomach, the second to the transverse colon, and the third to the small intestines. This method is, however, thoroughly uncertain, since in the first place the stomach lies generally only with its smallest part, the pylorus, in the medial line of the epigastrium; in the second place, the distended transverse colon may take in the scrobiculus cordis and the stomach may lie under it; or the transverse colon is collapsed, and the tone of the small intestines follows immediately upon the stomach tone.

I am accustomed to make the first blow upon the left limb of the thoracic arch, about the cartilage of the eighth rib—the cartilages, by the way, are said to be the tissues which in the human body yield the most tone—here the stomach lies as well in the horizontal as in the upright position, most frequently with the anterior wall of its fundus; if the patient stands, in this region we have

generally quite a stomach-tone, even when the patient has shortly before partaken of a meal. After a very hearty meal, and in an upright position, we must of course seek the level of the gas-containing region of the stomach further up. From the above-named place I then go along the inferior part of the thorax to the left, in a horizontal direction, in order to explore the level of the gas of the stomach, and the expansion of its fundus: then I proceed upwards in the direction of the left nipple, in order to ascertain the position and the extent of the cœcal appendage of the stomach, relatively the height of the diaphragm, the line of which limits the tone of the lung. The limit between both organs may lie between the fifth and fourth ribs, and points to a diminution of the cavity of the pleura. The lung-tone is always different from the stomach-tone, we can, therefore, percuss from the lung-tone to that of the stomach; thus, instead of from below upwards, from above downwards. I have, however, always found it best to begin with percussion on the most resonant region of the stomach, and from thence to proceed to those regions where we have to expect from the fluid and consistent contents a dull or blank stomach-tone. When we have thoroughly percussed the parts mentioned, then we proceed upon the left rectus downwards; go on to the right towards the middle of the epigastrium, and attempt to determine through an up and down procedure, and through percussing the right rectus, the extension of the pylorus portion of the stomach. In children and thin people the stomach may be reached with ease, when it is at all distended, on the left of the spine; we percuss the lungs, and from thence downwards wherever we come on the stomach-tone. On the other hand percussion of the stomach on the anterior wall in very small children is often complicated with difficulties, because the small and large intestines are usually greatly distended with gas.

The position of the spleen, which comes out here with its dull tone in correspondence, I pre-suppose already known. If the stomach-tone reaches behind the outer border of the right rectus, which it does not do when quite in a normal state, if it extends to the umbilicus or indeed below it, a dilatation of the stomach in these cases is present. When the liver is small, the tone of the stomach may occupy the whole epigastric region. If the stomach is greatly filled with gas, so that its coats are

greatly distended, the tympanitic tone is lost, and we meet only an empty resonance because the vibrations are short on account of the tension.

I have observed in a case of tympanitis ventriculi, occasioned by a temporary obstruction of the pylorus, probably from undigested aliment, the tympanitic tone failing on the distended stomach. When the left lobe of the liver covers the stomach, we meet with a dull sound on light percussion; on the contrary there appears a clear, sometimes sonorous, weakly tympanitic sound on strong percussion — naturally pre-supposing that the stomach contains gas. In such a case we must seek to investigate further by percussing on the inferior part of the left thorax, forwards, sideways, or backwards, above the stomach. If the stomach is full and we percuss the patient standing, the blank resonance of the left lobe of the liver passes into that of the stomach; when the transverse colon is filled with fæcal masses, the blank sound in the middle of the abdomen will reach further. But if we allow the patient to place himself in the horizontal position, the stomach-tone comes out between both blank resounding places. In cancer of the pylorus contracting the aperture, the stomach is sometimes filled with fluid or solid matters; we then meet with no tone over the whole region of the stomach, but merely a blank sound. Also when shortly before vomiting has occurred, we may meet with either no percussion-tone, or only very little, because the contents of the stomach may have been evacuated by the vomiting only to a very slight extent. In a dilated stomach not filled with merely gaseous matters, the dull sound follows a line convex downwards, which corresponds with the shape of the stomach. In great fulness and little gaseous contents, we may meet with a dull sound over the whole epigastric region when the patient lies in a horizontal position, which is not the case in moderate or slight fulness. If we meet still with a dull stomach-sound at a time at which digestion should be over, or if its circumference does not suit with the quantity of food, then we must suppose a dilatation in consequence of stenosis, an obstructed passage of the food; also when the stomach, after digestion, does not contract itself suitably as a healthy stomach should, we must conclude upon a torpor or disease of the walls of the stomach. It may be that tumours in the stomach, coagula of blood, or hydatids are causing a permanently dull sound.

Percussion also gives us the power to form conclusions on the digesting power of the stomach. If we cannot make out the stomach by percussion, it is very small, or contracted, empty. In total thickening from fibrous schirrhus of the walls of the stomach, and its consequent smallness, we no longer meet with any full tympanitic sound; the tone is clear, sonorous, and acquires, in the usual relation between air and fluid in the stomach, a rather metallic ring; this echo we sometimes find besides, when the distended stomach has strong walls. If the stomach is pressed up by any cause under the left ribs, its tone then can be sought for entirely and alone at a circumscribed place in the line of the axilla on the surface of the back, then also the whole epigastrium is devoid of the stomach tone. If the colon forms a loop in the left hypochondrium which presses the stomach from the border of the ribs, then we shall meet in the line of the axilla or the dorsal surface quite a different tone, that of the colon, whilst the stomach-tone is to be found more forwards in the epigastrium. Deep breathing has so far some influence on percussion, as that the stomach tone is spread out by deep inspiration, somewhat forwards; for the cœcal end of the stomach is pressed down by the descent of the diaphragm, and its gaseous contents yield in the direction of its sides, which offer the least resistance also forwards. The patient may therefore of his own accord hold his breath. When the stomach is distended to the highest degree, so as to take in the whole anterior abdominal wall, we must not expect an unusually strong tympanitic tone, but rather a distinct tympanitic and empty tone. The walls of the stomach are besides so thin that percussion must be made with caution. If we can follow up the behaviour of the stomach for a long time, say for weeks, we shall do well to mark the limits according to the results of percussion on the integument of the abdomen.

D. Auscultation.

However small the field of its application in the physical examination of the stomach may be, yet is it an indispensable and under certain circumstances a determining auxiliary in the process. The results of auscultation proceed from the walls, from gas, from the fluid contents of the stomach. The stomach, when it is movable, permits peritoneal affections on its anterior wall to be recognised by a rubbing noise, which is called out through the loco-

motion of the stomach in the respiratory movements, &c., &c., gas in the stomach causes auscultatory manifestations by its currents and changes of place. According to Schafer,* a *bruit de soufflement* arises from the effects of perforation of the stomach, and this murmur is to be considered as a pathognomonic sign for the confirmation of the diagnosis of perforation having taken place. In a case of carcinomatous stricture between the pyloric part and the fundus,† I observed a check, coinciding with the movements of respiration, and arising from the forcing of gas from one half the stomach into the other.

The noise which arises in the stomach on drinking, a peculiar sound (klunken), gives us information as to the localization of the stomach, *e.g.* as to its particular changes of position, information which as a supplementary sign is of great value. It is evident that a klunken can only arise on drinking, when the necessary relation between the gaseous and fluid contents of the stomach is present. When the fundus is distended and lies deep we hear the klunken far off. When it lies superficially we hear it near under the integuments of the abdomen. The noise is deep sounding, when the stomach is large, and largely filled with gas; it is clear, short, when the stomach is contracted and more filled with fluid. The waveblow (wellenschlag) in the stomach is a symptom very like the klunken; it is often quite audible at a distance. We meet with it when fluid and gas are contained in the stomach from shaking the body whilst it is being wheeled about either from right to left, or being bent quickly forwards, also in a carriage, walking on rough paths. Some people can bring on a noise of fluctuation in the stomach voluntarily through certain movements with the abdominal muscles and the diaphragm. We meet with the waveblow in dilated stomachs, with flabby walls, a condition accompanying chronic catarrh and contraction of the pylorus, but also sometimes to be found in stomachs quite healthy. The waveblow is often felt subjectively very high up, a handbreadth below the left nipple, which means a high position of the diaphragm and dilatation of the stomach. A noise of fluctuation occurs sometimes on sudden pressure, strong percussion when the stomach greatly distended lies

* Int.—Bl. bayer. Aertze, 1856, No. 42.
† S. Memorab, 1856. No. 2.

immediately under the anterior abdominal walls, as in sinking of the stomach, or its lying in a hernia, &c. In empty, dilated stomachs, containing gas, we not unfrequently hear *e.g.* in the morning, before breakfast, the heart-tones in the region of the stomach, which often have a metallic resonance.

Sixth Section.

Prognosis, course, and terminations.

The prognosis is generally favourable. The more pure, uncomplicated the neurosis, the easier it is of removal. The constitution, habits of life, usages, the possibility of eradicating the causes which maintain the disease, and rational treatment tend essentially to forward the cure. Homœopathy is fortunate in being able to count proportionally the greatest number of perfect cures.

Duration.

The duration is in fresh cases short, but the more frequent the return of the disease, the longer will the individual attacks last. Very violent attacks frequently are soonest over. If the pains are not of a pure neuralgic character, the course is retarded, and may at last become continuous. To fix the exact period of stay is impossible. Frequently the trouble lasts only days, or weeks, sometimes it is protracted for months and years, with short interruptions. It not unfrequently occurs that the disease repeats itself at the same time that it began years before.

The Terminations.

The terminations of pain in the stomach are:—

1st, in cure. This occurs in by far the greatest number of cases, either speedily or slowly, with a gradual remission of the particular attacks, and a diminution of the circle of symptoms.

2nd, in other diseases. It has been frequently stated that gastrodynia may lead to epilepsy, hysteria, confusion of mind. There have probably been in these cases central derangements, which, latent at first, have had also gastrodynia as a symptom, probably, indeed, as the only symptom of spinal irritation. It has also been asserted that gastrodynia may pass into inflammation, ulceration, schirrhus, changes of area. The majority of these cases have in any case been organic from the first—the first expressions of changes of tissue already existing. We

must, however, when a special constitution of the fluids must be taken for schirrhus, not quite overlook the possibility of the development of an organic disease from long duration, as well as in other organs and parts after nervous commencements we recollect spinal irritation and its consequences, and organic diseases of the heart, after long-standing nervous palpitations; but there runs through the process several transitional stages. Just as well as a catarrh may be the consequence of a cardialgia, hyperæmic, inflammatory, and gangrenous processes may conclude it. We must not neglect also the influence of violent and wrong treatment in the consideration of the terminations in other diseases, and even in death. For also—

3rd. Cardialgia may terminate in death in consequence of the continuous vomiting, impossibility of digestion, impeded nutrition, bringing on a collapse of strength, which in conclusion, without any organic basis, may bring on by exhaustion the termination. Andral cites an example in point.* A woman, aged 38, suffered from want of appetite for six or seven months, weight and pain in the stomach after every meal, vomiting of white mucus; pressure on the stomach gave no pain, the abdomen is soft, painless; constipation; tongue of healthy appearance; nothing out of order besides. Only great emaciation and weakness. The cause—grief. The symptoms of pure gastralgia led to such an exhaustion that a gastritis chronica and schirrhus were diagnosed, and the examination after death indicated *not a single morbid change of any organ whatever.*

REVIEWS.

Como obran los Mercuriales en el tratamiento de la Sifilis. H. Rodriguez Pinilla, M.D. Madrid, 1882. 8vo., pp. 40.

This *brochure* is a reprint, in pamphlet form, of a series of articles which appeared last year in our Spanish contemporary, *El Criterio Medico.* The author tells us in his preface that it is his first literary production, and, being so, we cannot but regard it as giving evidence of his being able to do good service in medical literature. It is written clearly and eloquently, and shows that he has devoted much study, research, and observation to his subject.

* *Clin. Méd.* a. a. O. S. 179.

In his first chapter, Dr. Pinilla deplores the prejudice which has ever hampered the progress of medicine, and the empiricism which had for so long been an obstacle to scientific developments. He, however, congratulates the profession on their recent devotion to the study of the physiological action of drugs, although they refuse to acknowledge to whom they are indebted for the initiative in this method of investigation, and notwithstanding that all that has been derived from it, by those who do not admit the validity of the law of similars, is the addition of a few palliatives of disease, such as the *bromide of potassium*. The opponents of homœopathy are, he shows, without any real principle of drug selection, and yet insist upon denouncing us, who are in possession of a full and comprehensive method which has stood the test of half a century of criticism, as unscientific!

The second chapter is devoted to showing that all skin diseases are, as Hahnemann insisted, not merely local but truly constitutional disorders.

In his third chapter, he examines with much care and research the history of *mercury* as a remedy in syphilis, the various theories which have been advanced to explain its *modus operandi*, and the periods when it has been discredited, only to be again brought into favour. He traces its ever falling into disuse to the large doses in which it was given, and the indiscriminate manner in which it was prescribed—to its having been used to meet a nosological entity rather than individual cases of disease.

In the fourth, the parasitic theory of syphilis is dealt with, the author remarking that it would indeed be strange if, in this age, when *bacteria* are supposed to be the cause of every disease, syphilis had not been made the subject of microscopical research for the purpose of including it within the range of others supposed to have such an origin.

He now proceeds to examine the position occupied by *mercury* in the homœopathic treatment of syphilis. He argues that it is by the primary symptoms of mercurial action that we should be guided in prescribing it. That it is only when such symptoms are present that it is of any value, and hence that it will not be useful in all cases. In short, he regards it as anti-syphilitic just in the same way as he looks upon it as anti-scrofulous—*i.e.*, in cases to which the symptoms of the patient point to it, and these only. He objects to the usual division of syphilis into three stages as being artificial and inexact, and compares the syphilitic poison to a ferment which, in its development in a suitable medium, gives rise to a second, and this again, by a sort of evolution, to a third. He argues that if the poisonous or fermenting action is modified or weakened in the first stage, there will be less of it to excite the second, the fermentation or stages having run

their course controlled by appropriate medicinal action, and the system therefore freed from their products.

After having reviewed the expectant method of Bennett and others, Dr. Pinilla concludes by a general *resumé* of his subject, from which he argues that the various changes of opinion regarding the value of *mercury* in the treatment of syphilis are due to its having been abused in every way, and its action and the principle which should regulate its choice never having been understood. Homœopathy, however, pointing out the true place of mercury as a remedy, here renders its position assured.

This brief *resumé* of the line of thought Dr. Pinilla has taken will serve to show how much care and ingenuity he has brought to bear upon his subject, and how thorough a homœopathist he is.

That *mercury* is proved by its physiological action to be homœopathic to syphilis, that the symptoms it excites in healthy people, and the conditions it produces are marvellously similar to those which are pathognomonic of syphilis we have ever maintained—and hence it is in a large proportion of cases *the* specific, *i.e.*, the homœopathic remedy. Dr. Pinilla, indeed, admits as much. There are other medicines more homœopathic in a few cases, doubtless, and to the consideration of these our author promises to devote another treatise. We trust that his conclusions will be enforced by good clinical illustrations.

Homœopathy in Spain is fortunate in having the services of so good and ingenious a worker as the author of this pamphlet cannot fail to be.

REPORTS.

NEWCASTLE-ON-TYNE HOMŒOPATHIC DISPENSARY.

The dispensary continues to do useful work amongst the poor. During the past year there were over 960 *distinct cases* under treatment as compared with 830 in 1881. These represent a great variety of diseases, mostly of a chronic character. Many visits have been paid to the homes of those unable to attend. A large number reported themselves as relieved or cured, and returned thanks for the treatment. Others failed to bring back their cards. Owing to Dr. Galloway's bad health, the dispensary was open only four days in the week most of the year. We hope this report will encourage the subscribers, and increase their interest in the dispensary.—T. E. Purdom, M.D.; W. A. Kennedy, M.B.

EDINBURGH HOMŒOPATHIC DISPENSARY.

We have received a circular announcing the establishment of a public homœopathic dispensary in Edinburgh. The committee is an influential and representative one, the Chairman being

Mr. A. E. Henderson, son of the late Professor Henderson, to whom homœopathy in Edinburgh, and throughout the world, owes so much. On the medical staff are Dr. Baikie, Dr. Bryce, Mr. Howden, Dr. Pullar, Dr. Sutherland, and Dr. Wolston. Chemist, Mr. Pottage. Suitable premises have been obtained in Haymarket Terrace. We congratulate the homœopaths of Edinburgh on having made a beginning, and hope that they will not be content until the capital of the North possesses an efficient hospital also.

BRITISH HOMŒOPATHIC SOCIETY.

At the Annual Assembly held on the 21st ult., Dr. Drury was re-elected President for the ensuing year. Dr. Carfrae and Dr. Dyce Brown, were elected Vice-Presidents, Dr. Dudgeon, Treasurer, in the room of the late Dr. Black, and Dr. Hughes was re-elected Honorary Secretary.

The work of the Session was brought to a close by an interesting address from the President.

HOMŒOPATHIC MEDICAL BENEVOLENT SOCIETY.

The Annual General Meeting of this Society was held at the London Homœopathic Hospital on the 7th inst., Dr. Yeldham, Treasurer, in the chair.

The financial statement for the year ending May 31st, showed that the total assets of the Society amounted to £272 15s. 7d. Of this sum £90 18s. 2d. is on deposit at the Union Bank of London; the remainder forming the running account.

The expenditure during the year was unusually small, amounting to only £11 10s., and included £10 for grants, and £1 10s. for working expenses.

It was resolved to add £100 to the deposit account, thus reducing the running account to £82 19s.

The Committee regret that many members have allowed their subscriptions to lapse, and that the income of the Society during the past year has consequently been under £25, instead of more than double that amount, a sum which they had a right to expect from the promises received when the Society was founded.

The Committee earnestly hope that members will endeavour to promote the interests of the Society, whose sphere of usefulness would be greatly enlarged by increased income, both by renewing their subscriptions, and also by interesting others on its behalf.

Members and their families always have the first claim on its funds, but relief is not refused in any suitable case; and it will be readily understood how much good may be done by a Society

of this kind when adequately supported, and carried on, as this is, at the smallest possible cost.

Subscriptions may be paid to the Hon. Sec., Dr. C. L. Tuckey, 21, Henrietta Street, Cavendish Square, W. Cheques should be crossed "*Union Bank of London*," and Post Office Orders made payable at Vere Street, W.

NOTABILIA.

THE CALCUTTA SCHOOL OF HOMŒOPATHY.

We have great pleasure in being able to announce the opening in Calcutta of a school for the teaching of practical homœopathy. So far courses of lectures have been arranged to be delivered by M. M. Bose, Esq., M.D., L.R.C.P. Edin., on the *Principles and Practice of Medicine;* by P. C. Mojumdar, Esq., L.M.S., on *Materia Medica and Therapeutics ;* and by B. L. Bose, Esq., on the *Principles of General Anatomy and Physiology*. Dr. Salzer will also lecture once a week. The lectures will be delivered on the premises of the City College.

We heartily congratulate our friends in Calcutta on their having taken this important step, and trust that much success may attend their efforts to disseminate a knowledge of those principles which they most truly say in their prospectus, constitute the most advanced and rational mode of therapeutics.

THE ANNUAL CONGRESS.

We beg to remind our readers who may be making arrangements for summer holidays that the Congress is this year to be held at Matlock on the 18th September. Full details will be announced by circular shortly. We trust that as many as can possibly be present will make a point of attending, as Matlock is so accessible from all parts of the kingdom.

LONDON HOMŒOPATHIC HOSPITAL AND MEDICAL SCHOOL.

At a meeting of the subscribers to the Bayes School Fund, held at the London Homœopathic hospital on the 14th ult. Dr. Burnett was unanimously elected to fill the post of lecturer on Materia Medica recently vacated by Dr. Pope.

BAPTISIA TINCTORIA.

Dr. J. Daily contributes to the *U. S. Medical Investigator* the following facts in relation to this remedy.

The reference to *baptisia* being the epidemic remedy, recalls to me its early history. I remember, while attending lectures in

Cleveland, in 1856, that Prof. S. R. Beckwith related to us the medical discovery of *baptisia*.

There lived in the Ohio bottom, an old fellow without medical knowledge, who had a reputation for miles around of curing cases of typhoid fever, after the physicians had given them up to die. Dr. Beckwith, hearing of the wonderful success of the old man, visited him to learn, if possible, what the old man's treatment was. After spending some time talking with him, Dr. B. offered to buy his secret. Flattered by the visit, the old man freely informed Dr. B. that the wonderful remedy was wild Indigo, which he used in decoction.

Dr. B. received a package of the root of the plant from the old man, and brought it to Cleveland, and Dr. Hall, Pharmacist, made a tincture of it. I bought the first tincture of *baptisia* that passed through Chicago. Our directions for the use of the remedy, differs from the custom now a days.

We were instructed to hold this remedy in reserve, and when the patient began to sink, then give *baptisia* tincture, or first, in drop doses every few minutes, until the patient began to rally.

Now, I never think of giving *baptisia*, unless the pulse is compressible. When full and wiry, I select some other remedy. *Baptisia* is a royal remedy, and has aborted many a case of typhoid fever for me.

APERIENT-DRINKING.

One cannot fail to be struck with the large number of aperient waters that have been introduced to the notice of the public during the last few years. That these waters have an extensive sale there is no doubt, and many have obtained a well-deserved popularity. Not a year passes but a number of new aperient waters put in their claim for public patronage, and "the cry is still, They come." There can be no doubt that from the way in which some of these medicines are "pushed" and advertised, more people indulge in their use than have actual occasion for them. Dram-drinking is bad, and excessive tea-drinking is bad, but we think that medical men may say a word now and then against indiscriminate aperient-drinking. An aperient is not, as many think, a cure for every little malady that flesh is heir to, and to introduce an aperient as a feature of one's daily diet is not a step that should be lightly undertaken. Many of these waters are excellent, and are of great service, but it would be well if their use was a little more under the control of those who are best acquainted with their action.—*Lancet.*

THE PROTECTIVE POWER OF VACCINATION.

As there are still some persons who deny that vaccination is a protection against an attack of small-pox, we re-print for their

benefit the following facts, contained in a letter addressed to *The Standard*, by a Major in the Royal Artillery—

"As the question of Compulsory Vaccination is now before the public, allow me to bring to your notice the following facts, from which the public can form their own deductions.

"In 1866 I was serving in a battery of Royal Artillery in the States Settlements, when an outbreak of small-pox occurred in our neigbourhood. Acting on the advice of the medical officer, every man, woman, and child was vaccinated. I was on leave at the time, and was not vaccinated. There was one woman in the battery about to be confined; she was not vaccinated. She and I were the only two, in upwards of two hundred persons not vaccinated.

"And we both got small-pox—she in a virulent type, I in a milder form. No other individual in the battery got small-pox."

THE DENVER (U.S.A.) HOSPITAL.

This institution corresponds to a workhouse-infirmary in England, and is under the control of a Board of Commissioners, whose functions are, in some respects, similar to those of a Board of Guardians. During 1880 the medical officer appointed by the Commissioners was an allopath. In 1881 a change was made, and a physician practising homœopathy was elected. At the termination of his year of office—albeit his results compared remarkably favourably with those of his predecessor, (See *M. H. R.*, April, 1882, p. 241,) he was superseded by an allopath. There was great joy and rejoicing at this event among the medical journalists of the old school—much more indeed than, considering the political character of appointments of the kind in the United States, and the amount of jobbing which goes on in the effort to obtain them, was warranted. Now, however, the Commission have seen fit to revert to homœopathy, as will be seen from the following paragraph quoted from *The Hahnemannian Monthly*:—

"A certain allopathic journal lately issued an exultant editorial over the discovery that, after a year's experience of homœopathy in the Denver Hospital, the managers of that institution had returned to the old-school belief. This journal may be pleased to know that, after a *year's experience of allopathy*, by a vote of four to one of the county commissioners, it was decided to return to the medical management of the homœopathic school of practice. The present director is, therefore, a homœopathist. although his bid exceeded one of the old-school candidates by $200, and another by $900. We trust that the journal which was so ready to note the change from homœopathy to allopathy, will be equally eager to make note of the return from allopathy to homœopathy. The former had a fair trial, and was found wanting."

The popularity of homœopathy in Colorado must be considerable for such a change to have been made. The Commissioners depend for their appointments upon the votes of the taxpayers, and if these were not in a very large proportion favourable to homœopathy, those of them who elected the homœopathist would have to retire when the next election takes place. But they know what they are about.

THE NUMBER OF PHYSICIANS IN THE WORLD.

According to calculations made by the Medical Academy of Paris, there are at the present time 189,000 doctors scattered over the world. Of these there are 65,000 in the United States, 26,000 in France, 32,000 in Germany and Austria, 35,000 in Great Britain and its colonies, 10,000 in Italy and 5,000 in Spain. Putting aside pamphlets and memoirs innumerable, it is estimated that 122,000 works have been published on medical subjects. Among the writers, 2,800 are American, 2,600 French, 2,300 German and Austrian, and 2,100 English.—*Med. Rec.*

OBITUARY.

FRANCIS BLACK, M.D.

It is with very sincere regret that we announce the death of Dr. Black, one of the earliest and most accomplished workers in the field of homœopathy in this country. A cultivated gentleman, a well educated physician, ever showing a kind and gentle disposition, Dr. Black was one of those men who could not fail to attract all who came into contact with him; while actively engaged in extensive practice at Clifton, during thirty years, he secured the affection and esteem of a large circle of friends and patients, and maintained a high and unsullied professional reputation. When we add that he was, during this time, a frequent and valued contributor to the pages of the *British Journal of Homœopathy*, took an active interest in all that concerned the progress of homœopathy, and was, until shortly before his death, devoting all the leisure his impaired health permitted him to devote to the preparation of exhaustive essays on the physiological action and therapeutic uses of some of our most important medicines, the loss we have sustained by his death will be regarded as what it really is—a very great one.

Dr. Black was born at Bombay, on the 17th of January, 1820, his father being at the time a Captain in the Hon. East India

Company's service. He was educated at the High School of Edinburgh, and afterwards at the University, where he took the degree of M.D., in 1840. He subsequently studied in Paris, where he became intimate with Hahnemann, and by him was instructed in homœopathy.

On returning to Scotland he commenced practice in Edinburgh, and at once entered heartily into the work of extending a knowledge of homœopathy. In conjunction with the late Dr. Ruthurfurd Russell he founded the Edinburgh Homœopathic Dispensary, towards the end of October, 1841. During the first year of the existence of this Institution, where so much good work was carried on for many years, the admissions numbered 738; in the second they were 2,735. In 1843 he joined Dr. Drysdale and Dr. Russell in establishing *The British Journal of Homœopathy*, and although his editorial connection with it ceased within a year, he has been a frequent contributor to its pages until quite recently; his last essay on *The Revision and Reconstruction of the Materia Medica* appearing in October, 1881.

During his residence in Edinburgh, he published a very clear and well written exposition of homœopathy in an octavo volume entitled *The Principles and Practice of Homœopathy*, which had a considerable influence in making our system known at this very important period of its history in this country—a period when Henderson was making his investigation, and when the tempest of violent and ignorant opposition to homœopathy and homœopathists was rapidly rising to that height of passion and stupidity which it attained some twelve or fourteen years later.

In 1846, the delicate state of his wife's health compelled him to seek a warmer climate than that of which Edinburgh can boast. After spending a few months in the Isle of Wight, he settled in Clifton, where he had, during thirty years, an extensive practice and an influential position in society. He was one of the first promoters of Clifton College, and a member of its Council for nineteen years, and, as such, took an active part in procuring the charter which it possesses.

After contending against the severe headaches to which, after any undue mental strain he had for some years been subject, he felt compelled to abandon practice in 1877.

At the first Congress of homœopathic practitioners held in England—that which took place at Cheltenham in 1850—Dr. Black was the President, when he delivered an admirable address (*British Journal of Homœopathy*, vol. viii.), in the course of which he enunciated those sound ethical principles which he ever carried into practice. He pleaded for that "charity," which, while believing our own system to be the best, enjoins us "to look with no bigotry on those who maintain the contrary doctrine;" to "regard with gratitude and reverence all that has

been done in medicine." He urged that "unity," which, while making "no compromise as to what we know to be true," enables us to regard "as fellow-workers in the same cause, those men who admit the great applicability of the homœopathic law, but who may differ from us in minor matters, or who, from circumstances, or experience carefully acquired, do not apply the law in all cases. There is a wide difference," he added, "between the physician who honestly, and with all attention, applies the law, however exceptionally, and that person who, hypocritically eclectic, suspends or follows the law, not doing so to benefit his patient but to improve his own pecuniary position, or to save himself further trouble. A simple and divine rule," he concluded, "indicates the relation in which we stand to ourselves—'Every man's conscience is a law unto himself.' Guided by self-respect and counselled by that still small voice within us, duty and interest will always appear coincident." Applicable as these remarks may have been to the circumstances of the time—thirty-three years ago—they are assuredly not less so now. They further show that generous, liberal spirit, that freedom from all taint of presumptuous bigotry, which characterised the life and writings of our deceased friend.

Again, at the Congress held in York, in 1872, Dr. Black occupied the chair, when he delivered a powerful address on the *Attitude of the Members of the Medical Profession towards Specific Medicine.*

Having travelled abroad for some time after he retired from practice, Dr. Black came to reside in London, but never again engaged in active professional duties. His leisure he occupied in working for the Hahnemann Publishing Society. He made careful studies of *plumbum* and *digitalis*, the two medicines which attracted his attention very early in his career, he having prepared an account of the former for the appendix to the first volume of the *British Journal of Homœopathy*, and written two excellent papers on the latter in the fourth volume of the same journal. At the time of his death, he was, we believe, engaged in studying *nux vomica*, *ignatia* and *mercury* in the same exhaustive and careful manner. In the revision of the Materia Medica, in rendering it as worthy of our confidence as it can be rendered, he took an active interest, and afforded much valuable aid, not only in stimulating others to assist in it, but by showing by his own investigations how it may be most satisfactorily accomplished.

Of the International Homœopathic Convention in 1881, he was the Treasurer, and only last year was unanimously chosen to succeed Dr. Hamilton in the same office at the British Homœopathic Society.

For some years his health has been but indifferent, and in the latter part of last year he had a serious illness, from which, under the care of Dr. Dudgeon and Dr. Moir, he made a partial recovery. It was, however, but the beginning of the end, which, after much suffering, borne with the greatest of patience, arrived on the 29th of May.

A *post mortem* examination revealed extensive cancerous deposit throughout the ascending and a portion of the transverse colon.

No member of that small band of physicians, who, having striven to promote the highest interests of therapeutics by the practice and development of homœopathy, has passed away from amongst us has, while living, been more beloved, or when removed, been more lamented, than the subject of this brief notice.

At a meeting of the British Homœopathic Society, held ten days after Dr. Black's death, a resolution of sympathy with his widow and family was passed and conveyed to Mrs. Black in the following letter from the President:—

"LINGMOOR, DEAN PARK,
"BOURNEMOUTH.

"*June 11th*, 1883.

"DEAR MADAM.—"At a meeting of the British Homœopathic Society, Thursday, June 7th, the following resolution, of which I have just received a copy from our Secretary, Dr. Hughes, was passed unanimously:—

"'The members of the British Homœopathic Society having received the sad intelligence of the death of their Treasurer, Dr. Black, desire to record their deep sense of the loss they have sustained, and not only they, but the cause of homœopathy generally, of which Dr. Black was one of the earliest pioneers, and brightest ornaments.

"'A copy of this to be forwarded in a letter from the President to Mrs. Black.'

"Dr. Drysdale, Dr. Hamilton and myself, who were present at the meeting, had the privilege of knowing Dr. Black for many years, we having been present when he read a paper on homœopathy in the Royal Medical Society of Edinburgh in 1841 or '42.

"To Dr. Dudgeon, Dr. Richard Hughes and others, who were also present at the meeting of our Society, he was long known, and by all highly esteemed. Each speaker bore testimony to the unflinching courage, the devotion to his profession, and the high and honourable bearing that had distinguished him during his long and useful career, and which had contributed so much to cause homœopathy to be valued and respected wherever his influence was felt.

"As a personal friend he will long be missed, as a hard working labourer in our School his place cannot easily be supplied.

"On behalf of the British Homœopathic Society, I have to convey to you the expression of their sincere sympathy in the irreparable loss you and the other members of his family have sustained.

"In conclusion, let me express the hope that in the midst of your great sorrow you may find that comfort and support that will not fail those who look to Him who can alone give it. That this comfort may be yours is the earnest prayer of

"Dear Madam,

"Yours sincerely,

"WILLIAM V. DRURY,

"President of the
British Homœopathic Society."

CORRESPONDENCE.

TINCTURE TRITURATIONS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—On page 89 of the new *British Homœopathic Pharmacopœia* directions are given for preparing Tincture Triturations, viz.:—by adding 960 minims of the tincture (usually the mother tincture) to 960 grains of sugar of milk, and when dry the whole is to be weighed and made up to 960 grains, by the addition of more sugar of milk. Then follows:—"From the way it is made it will be obvious that 1 grain of a tincture trituration will contain as much of the medicine as 1 minim of the tincture itself." Now, if mother tincture is used, it will necessarily increase the weight, so that the product will weigh more than 960 grains. Take, for example, *nux vomica*, and it will be found to increase the weight by about 12 grains, owing to the extractive matter contained in the tincture; with others it would be more or less in proportion to the matter in solution. The correct way would be to take a less quantity of sugar of milk—say 900 grains—mix with the tincture, and when dry make the whole up to 960 grains. This will then represent 1 minim in 1 grain.

I am, GENTLEMEN,
Faithfully yours,
L. T. ASHWELL.

74, New Bond Street,
London.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Would you kindly insert the following notice in the *Review*:—

"ERRATUM.—Chemists who have purchased the new edition of the *British Homœopathic Pharmacopœia* are requested to make the following correction in their copies: Page 39, line 10 from top, *after* '2 ounces,' erase 'and 85 grains.'"

Yours faithfully and obliged,

WILLIAM V. DRURY.

Lingmoor, Dean Park, Bournemouth.
June 21, 1883.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. BURNETT; Dr. GALLEY BLACKLEY; Dr. NEVILLE WOOD; Dr. BYRES MOIR; Dr. C. L. TUCKEY; Major VAUGHAN-MORGAN; Mr. G. A. CROSS, &c. (London); Dr. DRURY (Bournemouth); Dr. HUGHES (Brighton); Dr. HAYLE (Rochdale); Dr. WINTERBURN (New York); Dr. TALCOTT (Middletown, N.Y.;) Dr. PRÖLL (Gastein); Dr. HARMAR SMITH (Ramsgate); Dr. BRADSHAW (Guildford); Messrs. KEEN & ASHWELL (London).

Dr. BRADSHAW, late of Nottingham, has removed to Whitelands, Guildford, where he intends to practise.

Dr. HARMAR SMITH, of Ramsgate, will visit professionally Margate and Westgate-on-Sea during the season, and has taken consulting rooms in both places. He has changed his Ramsgate address to South View House, Sion Hill, West Cliff.

BOOKS RECEIVED.

The Bastilles of London, by Louisa Lowe. Crockenden, London.

Homœopathy and Gynæcology, by Thomas Skinner, M.D. Homœopathic Publishing Co., London, 1883.

Homœopathic World.—Student's Journal and Hospital Gazette.—Chemist and Druggist.—Monthly Magazine of Pharmacy.—Thirty-Third Annual Report of the London Homœopathic Hospital.—North American Journal of Homœopathy.—New York Medical Times.—American Homœopath.—Hahnemannian Monthly.—New England Medical Gazette.—United States Medical Investigator.—St. Louis Clinical Review.—The Clinique, Chicago.—*Medical Counsellor.—American Observer.—Medical Advance.—Quarterly Bulletin of Boericke and Tafel.—Bulletin de la Société Medic. Hom. de France.—Revue Homœopathique Belge.—Allgemeine Hom. Zeitung.—Revista Omiopatica.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE PRESENT POSITION OF THERAPEUTICS.

In reviewing the present state of therapeutics in the old school in a homœopathic journal, outsiders are apt, and not unnaturally, to suppose that our statement of the case is one-sided. As it is well known that "there is nothing like leather," readers who do not believe in homœopathy, or rather who know nothing of it, prefer to take the views of those belonging to the old school, as to the state of their therapeutics. We have always, therefore, made it a point to quote the views of our opponents, in support of what we have to say, and not to ask the public to trust to any statements of our own. Not once, nor twice have we, during the last few years, had to review the "present state of therapeutics" as expounded by some leader in the old school, and with the uniform result of showing that when weighed in their own balances, they are found grievously wanting, and when advances have to be chronicled, it is by the adoption of homœopathic therapeutics. This we were able to show most amusingly in our leading article of last month, and a more open adoption of homœopathic therapeutics, without even a hint as to the source from which such bits of treatment are taken, we have seldom seen. It was from the pen of an American

doctor, but it is no less remarkable as a sign of the times that this lecture should be actually quoted in the *Medical Times and Gazette*. We cannot be so credulous as to suppose that the editor did not know the meaning of the lecture quoted. This would be to credit him with too much ignorance. The tactics of the allopathic journals, of which this is a specimen, are to edge in by degrees papers of this kind without allusion to homœopathy, but to enable them, seeing how the wind of therapeutics is blowing, to say, when the time comes for openly admitting the truth of homœopathy, that it is nothing new. The morality of such a course it is unnecessary to remark upon.

This month we have to offer to our readers the views of a continental professor, Dr. ROSSBACH, of Jena. The *British Medical Journal* (July 21st) has an editorial article on Dr. ROSSBACH'S lecture, entitled "The Present Position of Therapeutics," and the editorial article thus begins:—

"A review of therapeutics as a branch of medical science is, we believe, not calculated to gratify the student of medicine, whose ambition is to elevate his subject of study to a level more in harmony with the exact sciences. Physiology, pathology, and every branch of physics bearing on the interpretation of life as well in sickness as in health, have made wonderful advances within the last fifty years. Surgery also, in the boldness, variety, and safety of operations, exhibits surprising progress. Can the same be said of therapeutics? This is a question that Dr. ROSSBACH, the new professor of special pathology and therapeutics in the school of Jena, recently undertook to examine in an inaugural discourse."

The article further goes on to say:—

"In demonstrating the progress of internal therapeutics, he gives credit to the Vienna school for the boldness of its assault on the doctrines and practice of therapeutical art as handed down from preceding generations, and for seeking to found a

new therapy based on pathological anatomy and physical diagnosis; for, to build up a rational system of therapeutics, correct notions of the nature and natural history of disease, of its causes and consequences, are essential. Empiricism has been hitherto the unintelligent, unphilosophical guide followed. Thus, vaccination has been practised for many years as a preventive of small-pox, based upon observation and experience; but rational therapy demands the interpretation of the way in which it operates, and the nature of the operating agent. And, in regard to this matter, not only in the case of vaccination, but also in that of various other diseases, we are encouraged to hope for a solution from the very recent researches respecting the part played by the minutest organisms in the production and propagation of disease; but, besides what acquaintance with the nature of disease may do in our efforts to establish a system of rational therapeutics, we likewise may look to the labours of the pharmacologist for help in investigating the physiological action of medicines and in determining the principles of dietetics.

Researches respecting the action of remedies have specially contributed to place modern treatment on a more scientific basis. Something is known of most drugs: what is their physiological action generally, and what their more special action on particular organs; and we fairly may look for ever increasing knowledge in this direction from experiments with remedial agents, rightly interpreted by physiological and pathological science. In fine, we may hope to be able ultimately to comprehend how such agents operate, and to analyse their action in respect of separate organs and tissues."

This is all very good by way of introduction. The editor then goes on to notice the next great point of progress in therapeutics according to Dr. ROSSBACH, as follows:—

"2. Further, in practical therapeutics during past times, much inaccuracy has been introduced by reason of the uncertainty of action, and the varying qualities of the medicinal compounds in use. Usually, both vegetable and mineral substances have

been employed in the crude state, and, consequently, modified variously in their operation by accidental circumstances of mixture, or of mode of preparation. In the case of minerals especially, in their crude state, inert and even poisonous materials may exist, as has happened with *bismuth*, which physicians of past years credited with properties in all probability referable to minute quantities of *arsenic* it happened to contain. So, likewise, in the case of plants; their medicinal virtues are seriously affected by various accidental conditions affecting the proportion of their active principles. Now, in reference to these circumstances, modern pharmacology has done much towards placing in our hands those active principles in a state of great purity and of uniformity of strength; and, by so doing, has materially contributed to render treatment more certain."

We cannot see that this improvement is one in therapeutics, except indirectly. It is evidence of progress only in pharmacy. The next advance is recorded as follows:—

"3. Again, there are some metallic preparations of unquestionable value—as, for instance, the chlorides of mercury—which, unfortunately, possess not only the valuable properties desired, but, in addition, exercise an undesirable action. In the case of mercury, the latter is a consequence of its affinity with albuminous matter, so that it arouses inflammatory, and at times even corrosive action, on the mucous membrane of the stomach. In past times, this prejudicial action was lessened, as far as it could be, by combining opium with the mercury. Here, modern pharmacy has found a more excellent way: either by forming a double salt of mercury, or by fully saturating the mineral with albumen; doing this without prejudice to the beneficial action of the drug."

If this is an advance at all, which we do not consider it is, it is only one again in pharmacy. But this wonderful improvement is only beneficial in enabling the physician to give overdoses of drugs, and is no more scientific or

advanced than the old way of giving *opium*, with the poisonous dose of the drug. To be able to give a dose of *mercury*, which will, if not thus neutralised, "arouse inflammatory, or even corrosive action, on the mucous membrane of the stomach," does not indicate an advance in therapeutics to be desired, but rather to be ashamed of.

The editor next proceeds :—

"4. We can also point to an advance in therapeutics due to the large addition of active drugs, of potency and constancy far surpassing where their activity resembles, the medicines of our old *Pharmacopœias;* and, in many instances, exercising effects heretofore unknown in the therapeutical art. Of this fact, it is quite needless to cite illustrations."

We should like to have had some illustrations of this statement, the citation of which seems to us far from needless. We suspect, if illustrations were given, we should find bits of homœopathy, either in the shape of "new" medicines or the homœopathic use of old ones.

The article next proceeds :—

"5. Yet, even from the series of therapeutical agents long in repute, modern research has been able to elaborate products and results of unanticipated and additional importance, and, at the same time, to approximately show by what methods and under what conditions those results are to be obtained. Illustrations may be quoted in the treatment of fever by cold water, by quinine and salicylic acid; in the treatment of nerve-irritability by bromine and chloroform, of paralyses by electricity, of lung-affections by compressed and by rarefied air, etc. The widening and deepening of therapeutical knowledge is also exemplified by those various novel processes which are affected by specialists; such as hydropathy, gymnastics, massage, etc."

The editor and Dr. ROSSBACH are welcome to these "illustrations," but we should like to ask how many more such pieces of treatment they are illustrations of. Illus-

trations of facts imply that there are many facts to be illustrated, and we should be glad to be enlightened as to the other facts. The treatment of fever by cold water was introduced by Priessnitz, and was laughed at, except by hydropaths, until recently, when it has been adopted to a certain extent. We also fancied that *quinine* in the treatment of malarious fevers was not a modern improvement, while the use of it in other specific and non-specific fevers is very little employed, being found to be by no means the success it was expected to prove, and for very obvious reasons. *Salicylic acid* is not the unmixed boon we are told it is, as, in the treatment of rheumatic fever, in which it has won its laurels, Dr. GREENHOW has pointed out that the evil effects produced far counterbalance its good effects.

Paragraph 7 is as follows :—

"7. Food and dietetics have been more scientifically studied of late years, so as to materially contribute to our ability to deal with disease."

This is very true, and dietetics have always been a strong point with homœopaths, but food and dietetics, although so important, are common to physicians of all schools, but in a question of the advance of therapeutics in the proper sense of the term and as referring to drug-treatment, improvement in dietetics is quite beside the mark, while the claims of homœopathy as the only true system of therapeutics are ignored.

The next advance is amusing.

"8. What may be called negative advances in therapeutics are neither few nor unimportant. Many lessons in what not to do have been acquired, and the valuelessness, nay, even the positive mischief of many healing processes and agents of a past period, has been demonstrated. Foremost among such uprooted practices is blood-letting, so recklessly and indiscriminately employed in bygone days. Another is the administration of

antimony, chargeable in the past with the production of many gastric lesions. And in the same category of discarded proceedings is the abuse of drugs, and, on the other hand, the recognition that many maladies require only proper general management and rest."

To have the common sense to give up what is not only not beneficial, but positively hurtful, is surely a step which it is ridiculous to term even as negative advance; but, *en passant*, we may note that this "negative advance" is the indirect result of homœopathy, which proved that diseases treated by these barbarous means could actually get well without them. This being so, there is not much scope for credit being taken in their disuse.

On the next two paragraphs comment is unnecessary, except to say that we are quite of Dr. ROSSBACH'S opinion, that the future is rich in promise, but not in the direction anticipated by him. In that direction we shall have in ten years time very few "illustrations" offered to us of advance in therapeutics, unless it be further "negative advances."

"9. In the above sketch of the advancement made in therapeutics accomplished facts only have been put forward. But the future is rich in promise of still greater advances in our powers of healing, and in an even increasing ratio. This we are encouraged to assert by noting the resources possessed by the chemist for developing new and powerful remedies. In the direction of antiseptic and anæsthetic vapours, we are justified in anticipating many novelties, and even in hoping to find antidotes to the poisons of scarlet fever, diphtheria, smallpox, tuberculosis, and pneumonia, which, probably, as also may other diseases, owe their production to morbific germs. Moreover, our expectations for the future of therapeutics are likewise highly encouraged by what the chemist has already accomplished in the production of vegetable principles and bases, and of the series of important compounds derived from the alcoholic group.

"10. Another noteworthy advance in therapeutics is seen in the method of introducing medicinal agents into the system by hypodermic injection. Practically, in former periods, all medicines were given by the mouth, at the cost of much disgust of the organs of taste and smell, and of much nausea, eructations, and stomach-trouble. And apart from such annoyance, many serious defects attended this method; the action of drugs was seriously interfered with by the contents of the stomach, by the digestive process, by imperfect absorption, and by other conditions; and in that there was derangement of the whole system to attain the wished-for result, even when that result was to be limited to one part or organ. These drawbacks disappear materially by the hypodermic method. And particularly in connection with topical treatment, there is a remarkable advance, especially in dealing with internal cavities."

Such is the resumé of Dr. ROSSBACH'S lecture as given to us by the editor of the *British Medical Journal*. The editor's concluding comments are too *naïve* not to give to our readers entire:—

"We have allowed Dr. ROSSBACH freely to express his own opinions regarding the advance of therapeutical knowledge within the last fifty years. We may fairly say he has taken a flattering review of what has been accomplished in his generation, and that he is sanguine in his hopes for the future. The physiological action of remedies, determined as it has been largely by experiments on the lower animals, has not acquired the scientific accuracy Dr. ROSSBACH pretends. The substitution of vegetable alkaloids for the active principles in plants, as separated by the chemist, cannot be spoken of as generally advisable. *Cinchona*, in all its complexity of composition, holds its own as a medicine, and no physician would lay aside *opium*, though having its multitudinous salts in his possession. And not a few physicians are impressed with the belief that blood-letting has been undeservedly neglected of later times.

"Nevertheless, it is of advantage to take an occasional survey of what has been effected; even though we are unable to con-

gratulate ourselves upon the entire results, or to recognise all the changes enumerated as advances to be actual improvements."

These comments are surely sufficiently sarcastic without any addition from us.

The best answer to a query as to the present state of therapeutics in the old school, is to refer the questioner to themselves, and he will have it clearly answered. And all this time most men will shut their eyes to the truth of homœopathy, or what is still more deplorable, some who do see it, and cannot but see it, allow it to be run down and laughed at, while they quietly hold their peace. We cannot say such men are to be envied.

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *PHOSPHORUS*.*

By Alfred C. Pope, M.D.,

Late Lecturer on Materia Medica at the London School of Homœopathy.

In the preparation of *phosphorus* for medicinal purposes, the chemically pure substance is used. A saturated solution in ether contains one grain of *phosphorus* in about two hundred minims; in absolute alcohol, about one grain in five hundred and fifty minims. When making the alcoholic solution, the bottle containing it should be placed in hot water—the stopper being loose—until the *phosphorus* melts. The stopper should then be made firm, and the contents of the bottle vigorously shaken until the excess of the drug has solidified in minute granules. To retain the solution of an uniform strength, a stick of *phosphorus* should be kept in it, and renewed whenever it becomes coated with the amorphous variety of the drug.

Undergoing alteration in composition under the influence of light or heat, these solutions should be frequently renewed, and preserved in amber-coloured glass-stoppered bottles at a temperature of 60° F. The third decimal

* The first of two Lectures on *Phosphorus*, delivered at the London School of Homœopathy, Session 1882-3.

attenuation of either solution is prepared by adding absolute alcohol until the proportion of a thousand minims to each grain is reached. Attenuations above the third decimal are made with rectified spirit. Below the third decimal, *phosphorus* is always prescribed in solution, above that in tincture, pilule, or globule.

Hahnemann directed a trituration to be prepared, but its manufacture is not free from danger, and its action—owing possibly to decomposition—is uncertain, while it is an unnecessary form to use, as the solution is far more reliable. It has been omitted from the last edition of the *Homœopathic Pharmacopeia*, the instructions contained in which I have set before you.

For making a study of the physiological action of *phosphorus*, the materials at our disposal are ample. Cases of poisoning by this substance have been numerous, especially in Germany, where swallowing a solution containing the material derived from the heads of lucifer matches, or the eating of a paste made thereof, would seem to be a favourite mode of committing suicide, or of "removing" inconvenient persons. Cases of poisoning, both for suicidal and homicidal purposes, have occurred in England, where *phosphorus* paste, sold as rat-poison, has been the form used. From cases of this kind, and the very full reports we have of the *post mortem* examinations of some of them, we are able to define with tolerable accuracy the kind of acute disease that finds its resemblance in the action of this drug. While, from the ill-health engendered by workers in *phosphorus*—as in lucifer match making—we have it in our power to trace its slowly developed influence upon those tissues of the body for which it has an especial affinity. Thus, as in the case of *arsenic*, *mercury*, *copper* and some other drugs, we can study, with facility, both the acute and chronic action of *phosphorus*.

In addition to the effects produced by overwhelming doses, and those arising from long continued exposure to the insidious influence of the fumes of *phosphorus*, we have a number of experiments performed by persons in health, some by Hahnemann and his disciples, others since his day by Dr. Holcombe, of New Orleans, and Dr. Sorge, of Berlin.

These experiments, together with numerous cases of poisoning, you will find collected together in Allen's *Encyclopædia of Pure Materia Medica*.

Death has resulted from one fiftieth of a grain in a child, a woman has been killed by the eighth of a grain, and *phosphorus* to the amount of 1.5 of a grain has proved fatal to a man (*Handy Book of Forensic Medicine*, Woodman and Tidy). In a case related at the Medico-Chirurgical Society by Dr. Habershon, death in six days followed a dose of three grains, taken by a healthy young woman, (*Medical Times and Gazette*, April, 1867).

Woodman and Tidy assert that there is no antidote to *phosphorus*, and that therefore in cases of poisoning by it all that can be done is to administer emetics, in the first instance, and ply the stomach with *magnesia* and diluent drinks thereafter. Köhler, of Halle, however, writing in the *Gazette Hebdomadaire*, December 2, 1872, recommends oil of turpentine as an antidote. His experiments show that the two substances combine, and form a body, which he terms *terebinthino-phosphorous acid*, which is practically inert. It requires one gramme of turpentine to transform one centigramme of *phosphorus* into the non-poisonous acid. This observation was soon put to the test, in a highly satisfactory manner, by Dr. Gery, who, in the same journal of the 10th of the following month, related a case where a lady had eaten the scrapings from two boxes of lucifer matches, and to whom he at once administered thirty grammes, about 762 minims, of oil of turpentine, which he had had about two years in his possession. She recovered without any symptoms of poisoning. I should have noted, that the best kind of turpentine to use is that which has been long exposed to the air and has become partially resinified in consequence. The old turpentine is more highly oxygenated than such as is recent, and by some authorities a free supply of oxygen is regarded as antidotal, so much so that dependence on the inhalation of oxygen as an antidote has been proposed.

In endeavouring now to set before you as clear and exact an account as I can of the influence of *phosphorus* upon the human organism, and in directing your attention to the forms of disease in which it is remedial, I shall first consider its general action on the body. In doing so, I cannot, I think, commence better than by reading to you one of the most comprehensive, as well as one of the best reported cases of acute poisoning by this substance that has fallen under my notice. It is detailed by Dr. Mering in the *Zeitschrift fur Pract. Med.* 41, 1875, and translated

by Dr. Lilienthal, of New York, in *The North American Journal of Homœopathy* for May, 1876.

"An unmarried woman, aged 22 years, took at 8 a.m. on the 10th of July, a cup of milk, in which she dissolved the *phosphorus* of a box of matches. She felt well until noon, when intense vomiting set in, continuing until next morning. On the 11th she suffered from diarrhœa, headache, debility, and severe burning in the epigastric region. She was admitted into hospital on the 12th, and the record of her condition on the 13th is as follows:—A strong woman, of middle size, and well developed. Conjunctivæ very yellow, though on the previous evening the icteric colour was not so clearly defined. Face full, intensely red. Temperature hardly increased according to sensation; no œdema; no exanthem; pulse regular, tense, small. Yesterday it was very slow; to-day far quicker—120. No dyspnœa. Temp. 38.1 C. = 98.6 F.

"She is perfectly conscious; complains of severe thirst, headache, pains in the epigastrium and præcordial anguish. She is restless, and throws herself about in bed. Lips and visible mucous membrane not very red. Tongue moist, with a white coating; papillæ intensely red and slightly prominent. Nothing noticeable on the pharynx. Aching all over the head; no point on the skull particularly sensitive to pressure. Thorax well formed, type of respiration costo-abdominal. Thorax expands moderately during breathing. Slight rythmical pulsations in the cervical veins. Percussion sound in front very full, loud, on both sides equal; auscultation reveals soft vesicular inspiration and uncertain expiration. On the back over the lungs, on the left side, begins a dulness at the seventh rib; above that dulness a clear but very weak vesicular breathing; fremitus somewhat diminished. When breathing deeply, the level of the dulness changes for one intercostal space. Posteriorly, on the left, the pulmonary sound reaches to the tenth dorsal vertebra.

"The dull sound of the heart, greatly extended in breadth, passes over the right sternal edge, goes upwards to the middle of the second intercostal space, and nearly reaches the mammillary line on the left side. Beat of the apex in the parasternal line in the fourth intercostal space. Sounds of the heart rather obscure. The systolic sound is everywhere clearer than the diastolic one.

"The area of hepatic dulness is greatly increased. Its superior margin lies at the upper line of the fifth rib, the inferior is at the umbilicus; the left lobe extends to the apex of the heart. Liver of moderately firm consistence. Epigastrium bloated, very sensitive to pressure, especially to the right of the sternal line. Palpitation of the right lobe of the liver is somewhat painful. Ileo-cœcal region dull; other parts of the abdomen

tympanitic. Spleen does not appear to be enlarged. Uterus behind the symphisis; freely movable on internal examination; os uteri closed. Bowels not moved. Urine 1,400 C.cm., reddish yellow, somewhat murky, acid, sp. gr: 1,015, contains neither albumen nor sugar, and shows no re-action on the colouring matter of bile. Ordered small pieces of ice and ice bladder, with ten drops every three hours of a mixture of equal parts of *ol. terebinthini* and *sulphuric æther*.

"Evening. Temp. 88.1, pulse 108. Posterior part of the eyeball normal.

"July 14. Enormous change. She lies with closed eyes; speaks incoherently, and grasps at anything that comes near to her. Extremities cool, chest and abdomen not very warm. Temp. 36.9. Pulse 96. Redness of the face nearly gone, giving place to a decided yellowish paleness. Chest and abdomen icteric. When asked to do so, she shows her tongue, but neglects to put it back though requested to do so several times. Does not complain of headache, but mentally is very obtuse. Dulness over the liver smaller than yesterday, the upper margin is at the fifth rib, the lower unchanged. Epigastrium and right lobe of the liver sensitive to pressure. No perceptible enlargement of the spleen. Dulness over the right side of the heart increased in area. Cardiac sounds clear and strong. Abdomen tympanitic, but not painful. Pulse, which can scarcely be felt, is very small and weak. No œdema. Vomited a small quantity of brownish fluid, but no blood, this morning. No stool. Urine 1200 C.cm., acid, clear, dark yellow, no reaction of biliary colouring matter. The vomit was free from blood, contained a great many fat globules, and in one place *magnesium* and *ammonium phosphate* were found. She did not eat any fatty substances yesterday. An examination of the blood revealed nothing abnormal, except that the colourless blood corpuscles were somewhat increased in quantity.

"Evening. Temp. 86.4. No pulse perceptible.

"July 15th.—Towards noon yesterday, copious black-brown bloody vomiting. The apathy continued until 5 p.m., she then roused herself, answered questions, and kept her eyes open. Icterus did not increase, and towards evening, her features were waxy-pale and distorted. During the afternoon she passed three copious cadaverous-smelling, bloody stools. About 10 p.m., she became very restless, and died about midnight, *i.e.*, about four days and a half from taking the *phosphorus*.

"*Autopsy*.—Body of middle size, adipose tissue and muscle well developed. Skin and conjunctivæ icteric; abdomen meteoristic; Mammæ large and pendulous; diaphragm on the right lower edge of the fourth rib, and on the left upper edge of the same. On opening the thorax a copious deposit of fat is seen in the anterior

mediastinum. The left pleural cavity contains about 200 grammes (℥viss) of a bloody fluid; the right pleural cavity is obliterated in its lower part. In the upper parts of the anterior mediastinum are numerous blood-extravasations, reaching into the pleuræ. Pericardium healthy; heart loaded with epicardial fat; right ventricle very wide, contains only a little coagulated blood; the left, scanty fibrinous coagula of an icteric colour; the cardiac muscular fibres are full, and in some places whitish-yellow and friable; valves healthy. Left lung is covered with a few pleuritic ecchymoses, of medium size, full of blood, moist on cutting, and containing a moderate quantity of air; right lung the same, only the ecchymoses are larger and more numerous. On opening the abdomen the convolutions of the small intestines have a deep bluish-red marble colour. Great meteorism. Colon of a remarkably yellowish white colour. Stomach dilated and of a clear yellowish-white colour. Mesentery, loaded with fat, icteric, and slightly tinged with hæmatin. Duodenum immensely dilated. Spleen hardly enlarged, tough, membrane somewhat thickened. The stomach contains a dark red, thick fluid mass, firmly adhering to the mucous membrane, and intermixed with a large quantity of shining mucus. The mucous membrane, which has absorbed large quantities of hæmatin, is pale, swollen, and in some places slightly icteric. The liver weighs 1,920 grammes (about 60 oz.), surface smooth, with numerous small ecchymoses. Both externally and when cut into, the parenchyma is of a sulphur colour, remarkably pale and anæmic. The larger branches of the blood vessels nearly empty; acini of middle size, peripheral zone very broad, the centre small, and mostly only visible as small red points; gall-bladder nearly empty, on the red mucous membrane a thick layer of a flocculent grayish yellow mass. Retro-peritoneal tissue of the renal region slightly infiltrated from hæmorrhage; left kidney very large, clearly showing the forms of the vesiculi; enlarged in its thick diameter, of a relaxed consistency, with strong injection of the blood vessels and numerous small ecchymoses. Surface deep yellow. Cortex enlarged in breadth; parenchyma very pale, of a yellowish white colour; the form of the fasciculi greatly interrupted. The fatty tissue of the calices infiltrated with quantities of blood, and slightly œdematous. Bladder holds about a teaspoonful of murky, dark-yellow urine; it is contracted to the maximum, the mucous membrane pale yellow and intact. Uterus large. Cervical canal wide, its mucous membrane swollen, reddened, shows hæmorrhages, the tubes covered with numerous tough, sometimes very thick pseudo-membranous formations. Between the serpentine tubes, enveloped in pseudo-membranes, the enlarged ovaries are lying, containing numerous cysts. Adjacent to it, is a reddish grey tough tissue, and here and there some tough black foci of the size of a pea.

In the small intestines, a dark red, thick fluid mass; mucous membrane full of hæmatin and greatly swollen; mucous membrane of the colon very pale. Brain very hyperæmic, with a flattened surface.

"The microscopic examination of the tissues showed some muscular fibres well preserved with horizontal striation, others consisted of conglomerations of fat globules, without pigment molecules, having a great tendency to deliquesce, and without a trace of horizontal striation, or increase of nuclei; in others, again, degeneration appeared to be commencing, fatty globules were seen both in the horizontal and longitudinal striæ, and without increase of nuclei. In the connective tissue, the fat globules, though not increased, were unusually large. The muscular fibres of the heart showed excessive fatty degeneration, and appeared full of a large quantity of brown granules.

"The intermuscular nerves were the seat of fatty degeneration. Even the large nerves, such as the median and radial, contained fatty fibrillæ without increase of nuclei.

"The blood-vessels, especially the capillaries of the peripheric nerves, the intermuscular blood-vessels, and those of the spinal cord, were in a state of fatty degeneration.

"No alteration in the nerve fibres nor ganglia of the central nervous system could be discovered.

"In the liver, the majority of the cells were changed into large fat globules, and the remainder contained such in large quantity. The interstitial tissue was normal.

"The kidneys were the seat of fatty degeneration. The single urinary canaliculi were full of large fatty drops, while others were still normal in structure. The urine, which always gave an acid reaction, was dark yellow, sp. gr. 1,017 showed no reaction of biliary or colouring matter, and contained no albumen and not a trace of sugar. The considerable sediment on the 13th-14th contained largely epithelium from the bladder, some red corpuscles and sparsely granulated, colourless, large epithelioid cells with large nuclei and drops of a yellowish colour. At one spot there was a hyaline cylinder, with numerous bile tinged fat drops containing at one end a renal epithelial cell. No crystals were observed either during life or *post mortem*."

Before proceeding to examine this very interesting illustration of the action of *phosphorus*, I wish to draw your attention to the antidote used. It was that I named to you just now—the oil of turpentine—and it failed to have any influence upon the effects of the poison. The reason for this failure is seen in the very small dose used—ten drops every three hours. The size of the dose of a drug must, as I pointed out in a previous lecture, be contingent on

the principle directing its selection. In a case of poisoning by *phosphorus*, the object of administering turpentine is to produce an inert chemical combination with the *phosphorus*. To accomplish this, the amount of turpentine given must be in proportion to that of the *phosphorus* which has been taken. The observations of Köhler show, that for every one-seventh of a grain of *phosphorus*, fifteen grains of turpentine are required to form the non-poisonous terebinthino-phosphorous acid. Here ten grains were given to neutralise three, whereas three hundred and fifteen were really required. I shall, in my next lecture, give you an outline of the particulars of a very interesting case of *phosphorus* poisoning under the care of a homœopathic physician at Vienna, who treated it just as he would have done an ordinary case of disease, viz., by the medicines homœopathically indicated—and successfully. Here, of course, the doses used were infinitesimal, and rightly so. He did not antidote the poison directly, but sufficiently stimulated the diseased organs by their required specifics to enable them to hold out against the poisonous influence of the drug which attacked them. It is not a plan I could advise you to imitate, but it has been adopted with success.

To return to the pathogenetic effects of the drug. The case I have related to you shows the action of *phosphorus* very widely diffused, accomplishing, indeed, nearly all that it can effect during the few days of life permitted to the suicide. But there are *lacunæ* nevertheless, which, from other cases, I will endeavour to fill up.

In the first place, you will have noticed that beyond an increase in the number of white corpuscles, no material alteration in the quality of the blood was observed in this instance. But *phosphorus* has a deeper influence on the quality of the blood in the majority of those who are poisoned by it than this slight reference would indicate. Thus Caspar (*Forensic Medicine*, vol. ii. p. 60, Syd. Soc. Edition) describes the blood corpuscles as being deprived of their colouring matter, colourless and transparent, the colouring matter being dissolved in the uncoagulated plasma, the whole presenting the appearance of a syrupy, cherry-red, translucent fluid. But beyond this, Dr. Ozanam, of Paris, who gives the particulars of a case of acute *phosphorus* poisoning in *L'Art Médical*, February, 1864, describes the microscopic appearance of the blood as a mixture of fatty

substance and blood corpuscles mostly misshapen, or even reduced to the condition of amorphous molecules. In one reported by Haselhorst (*Inaug. Diss.*, Berlin, 1868,) the blood when drawn seemed very pale, and under the microscope exhibited twice as many white as red corpuscles. In another, recorded by Schultze and Reiss (*Annalen des Charité Krankenhauser*, Berlin), a drop of blood drawn from the finger had a greyish-red appearance, and contained only twice as many red as white corpuscles. (These two last quotations are from Allen's translation.)

The alteration in the character of the blood produced by *phosphorus* is thus similar to that which obtains in leucocythæmia, while in Dr. Ozanam's case it was somewhat necrosed, as it is in *arsenical* poisoning and in pernicious or essential anæmia. It is interesting here to note that, in 1875, Dr. Broadbent, on some hypothesis which is not very clearly stated, proposed the prescription of *phosphorus* in leucocythæmia, and published a case in the *Practitioner* illustrating its value. During the following year the power of *phosphorus* to control this disease was the subject of much discussion at the Clinical Society. The doses used were, however, of the stimulating order, from the 1-10th to the 1-30th of a grain, and the results were almost uniformly negative. There was, however, one exception, and that was one where the issue was fatal, and, apparently in the opinion of several of the members, this result was due to the *phosphorus*. This adds but one more to the many illustrations that might be given of the same facts, that you cannot safely predicate the suitability of *one* medicine to *all* cases of the same disease; and *secondly*, if you prescribe a homœopathically selected medicine, you must do so in small doses. To give a homœopathic in the same dose as you would an antipathic remedy will very generally end in disappointment.

The blood-vessels you will have noticed were also found in a state of fatty degeneration. This, likewise, is a characteristic feature of *phosphorus* poisoning. Wegner (Virchow's *Archiv.* Bd. lv., translated by Dr. Burnett, *British Journal of Homœopathy*, vol. xxxi., p. 30) says: "It is not only the central organ of the circulatory apparatus that is involved in the fatty degeneration, but also the peripheral parts of the arterial system, even as far as the minute microscopical vessels. This fatty degeneration of the parietes of the vessels can be observed in all the organs, but most easily in

the brain, in cartilage, in the marrow of the bones and in the liver."

It is to this condition of the blood, and this state of the vessels that is traceable one of the most constant features of acute *phosphorus* poisoning, viz.: blood-extravasations. These are met with well nigh everywhere, leading, in the case of the ovaries, where the blood does not so readily find an exit, to the formation of hæmatoceles. Wegner, in 1870, brought before the Berlin Obstetrical Society some cases of poisoning with *phosphorus*, and demonstrated from them "preparations showing that hæmatoceles had been found of a size varying from that of a cherry to that of a man's fist; in two of these cases they lay within the ovaries, and in one there was a breaking up towards the pelvic cavity, and in the fourth perforation into the rectum had followed." (*Op. cit.*) Occurring on the skin they produce a resemblance to purpura hæmorrhagica. An instance of this is recorded by Dr. Habershon (*Medical Times and Gaz.*, April 13th, 1867,) and is particularly referred to by M. Tardieu. More recently, in the *Bull. de Thérapeutique*, a case is reported where the anterior surface of the body (especially of the chest and abdomen) was covered with blood-red stains a little raised, of the size of a hemp seed, and of a clear red tint, containing clear, red, liquid blood effused between the epidermis and the cutis. Dr. Grübenschütz, who records the case, remarks that while the blood stains here were of a clear red, those arising from *arsenic* are of a dark blue.

Then, *secondly*, we have had in this case evidence of commencing pneumonia; but under the prolonged influence of the drug a pneumonic condition becomes more fully established. Thus in a case reported by Knoevenagl in the *Berliner Medicinische Wochenschrift*, 1869, the drinking of an infusion of matches was followed by the following among other symptoms of disordered health.

A frequent dry cough, with scanty expectoration, and catarrhal symptoms in the posterior and lower portions of both lungs, especially of the right. On the thirteenth day percussion showed slight dulness over the right lower portion posteriorly, with diminished respiratory murmurs, and fine vesicular râles; change of posture caused a change in the area of dulness; vocal fremitus diminished beneath the line of dulness on the right posterior portion of the ninth dorsal vertebra; on the fourteenth day the dulness extended upwards half an inch, and bronchial

breathing was distinct over the area of dulness; on the seventeenth day the dulness had somewhat diminished, and the expansion of the lung on the posterior right side was more noticed on deep inspiration; the râles had diminished, but the cough had become paroxysmal, and was accompanied by the expectoration of tenacious purulent mucus.

In a similar case, percussion on the right lower thorax was dull, with indistinct bronchial respiration and numerous râles, partly dry and partly moist; on the left side vesicular murmurs and some moist bronchial râles.

Thirdly, the heart was, as it is almost uniformly in acute *phosphorus* poisoning, the seat of fatty degeneration. This phase of the disorder created by the drug is very well marked in Dr. Mering's case. In nearly all post-mortem examinations of cases that have survived the poison for six or seven days the heart has been found enlarged from deposits of fat, and its muscular fibres to abound in oil granules. There is no valvular or pericardial inflammation, but simply a rapid degeneration of tissue, and numerous ecchymoses—just such as one often sees after death in persons who have died suddenly from fatty cardiac degeneration.

Fourthly.—The liver in Dr. Mering's patient was enlarged. On the day before her death the enlargement had apparently decreased slightly, but after death it was found to be still ten ounces above the average weight. This, however, is but the first stage in the action of *phosphorus* on the liver. After being enlarged, it suddenly diminishes in bulk and finally withers. This is well illustrated by a fully reported case quoted from a German periodical in the *Sydenham Society's Year Book* for 1863. On the third day after taking the substance from at any rate one packet of matches, "jaundice appeared with tenderness of the hypochondrium and slight enlargement of the liver. On the seventh day, this organ extended below the ribs by the breadth of a pleximiter, but, on the evening of the same day, it was found to have diminished in volume." The patient died on the eighth day, and the *post-mortem* examination showed the "liver small, withered; acini made up of fat globules of different sizes; few of the hepatic cells still visible." In another case reported by Dr. Maukopff (*Wien. Med. Woch.*, 1863, and *Sydenham Society's Year Book*, 1863), the liver was carefully examined.

"It was much enlarged, and its substance made up of two portions—the one red, the other of a bright yellow tint, which

were sharply separated from each other. In the yellow parts the hepatic cells were enlarged and rounded, and contained numerous fine fatty granules, but no globules of fat. The connective tissue between the acini was increased in thickness, and that between the cells was much more distinct than in the healthy organ. This was still more marked in the red portions, and the presence of numerous fatty granules showed that the tissue was beginning to undergo retrograde metamorphosis after its rapid growth. These parts, in fact, presented in every respect a more advanced stage of the affection than the yellow. In them, the fine fat granules had coalesced into masses, and even into globules of fat, and the walls of the hepatic cells had disappeared. The change commenced in the periphery and passed gradually towards the centre of the lobules, and the wasted condition which occurs in the later stages of the disease was shown by the surface of the liver being depressed opposite the parts which were red."

The liver then undergoes first a process of enlargement from fatty degeneration, and *then* rapidly shrivels until it becomes a mere shadow of its former self. Thus it is the hepatic cells which are affected in *acute* poisoning by *phosphorus*, but according to Wegner in *chronic* poisoning it is the interstitial tissue that is so.

"The whole organ," he says, "is swollen and feels harder, and within it and in the connective tissue around the portal vessels there is an intense cellular hyperplasia, and further, tough fibrous connective tissue is developed from the young cells, constituting a more or less broad stratum at the periphery of the acini. The peripheral zone of the hepatic cells undergoes fatty degeneration, and in the greater part of the acinus the cells have an icteric colour evidently in consequence of the pressure exercised by the new prolifically developed tissue on the efferent gall vessels which course with the portal ramifications. In fact, we have interstitial hepatitis in its highest form, the result of which is, just as is the case after the administration of relatively large doses of *phosphorus* for months together, essentially always identical, viz., atrophy of a three-fold kind; either a smooth induration of the organ, or a form of atrophy which sometimes occurs in the human subject in consequence of lues, a hepar lobatum with numerous deep stripes of cicatricial tissue dipping down into the organ and deforming it; or finally the typical granular atrophy, the classical cirrhosis of the liver."—(*Op. cit.*, p. 37.)

Fifthly.—The spleen, in the instance I have detailed, was but slightly enlarged, while in not a few similar but somewhat more protracted cases, it has been found considerably increased in size. Of such, Allen, in the *Ency-*

clopædia of Pure Materia Medica, quotes three from Schultze and Reiss, one from Haselhorst (*opera cit.*), and one from Concato, *Rivista Clin.*, 1868.

Sixthly.—Hypertrophy was the essential feature of the morbid process developed by *phosphorus* in the kidney in Dr. Mering's case, and was apparently confined to the left side. Dr. J. C. Peters, of New York, quotes, in the seventh volume of the *North American Journal of Homœopathy*, from the *American Journal of Medical Science*, one where the action of the poison on the kidney was still more strikingly developed. During the illness of the patient—a soldier who had swallowed the ends of six boxes of matches—"the urine was high coloured and frothy, its specific gravity was increased, and it contained albumen and exudation cells; the colouring matter was augmented, as were also the sulphates and phosphates, but the chlorides were diminished in amount. This state of the urine continued to the end." *Post mortem*, "the cortical substance of the kidney was found to be granular. The malphigian corpuscles presented a beautiful appearance and resembled red points. On a microscopic examination, the *rete mirabile malphigianum* was found injected, and the *tubuli uriniferi* blocked up with exudation matter. The mucous membrane of the pelvis of the kidney presented some spots of ecchymosis. The bladder was contracted and contained a little cloudy urine." Dr. Nitsche, who originally reported the case, remarks on this that "it is not likely that such a condition existed before the reception of the *phosphorus*, for the patient's previous health was excellent." Again, in one of the cases reported by Wagener, to which I have already referred, albumen was found in the urine in considerable quantity on the sixth day, while biliphœin and uro-erythrin were also present, and the phosphates were in excess. *Post mortem*, the cortical substance of the kidneys was swollen, and the *tubuli uriniferi* were filled with fat granules. In a second, a similar condition of bladder was found after death.

In Allen's *Encyclopædia*, several cases of *phosphorus* poisoning are cited, where albumen was present in considerable quantities. In one, recorded by Leuftleben, (Virchow's *Archiv.* bd. xxxvi., p. 520), where an application of *phosphorus* in oil to a raw surface was the mode of poisoning, "the urine was acid, contained albumen, hæmatin, bile-constituents, blood corpuscles, epithelium

and fibrous cylinders, leucin and tyrosin." Leucin, tyrosin, and hyaline cylinders, though far from being constant products of *phosphorus* poisoning, have, nevertheless, been very frequently observed.

Seventhly.—The kind of influence exercised by *phosphorus* upon the stomach in the case which forms my text, and indeed, in all others of the same order, is especially interesting. On the third day after the poison was taken the tongue was moist, with a white coating; the papillæ intensely red, and slightly prominent. The epigastrium distended and slightly sensitive to pressure, especially towards the pyloric side. On the following day the sensitiveness was increased, and a brownish fluid was vomited which was free from blood but contained a great many drops of fat. Late in the evening of this day she died.

Now remark the condition in which the stomach was found. the mucous membrane was *pale*, slightly yellow in colour, and *swollen*. In Dr. Habershon's case, the stomach contained black fluid and mucus. In one of Wagener's cases there were numerous hæmorrhagic erosions. In Gräbenschutz's case there were two gangrenous ulcers on the posterior wall, and on the great curvature a third; the venous membrane was softened, and the veins of the stomach were like cords. Wegner, in describing the condition of the stomach after *phosphorus* poisoning, says:—

"If the dose is gradually increased, so that no acute or subacute poisoning arises, very remarkable changes take place. At first, the mucous membrane becomes hyperæmic; it swells; hæmorrhages occur here and there; real hæmorrhagic infarctions are found later; on the summit of the natural folds flat pit-like ulcers are formed, whose dirty brown margin and floor show their origin. After the irritation has been going on for months, the mucous membrane becomes two or three times thicker than it was normally; it becomes indurated and of a diffuse smoke grey or brown colouration, that is most evident at the fundus. Here the microscope shows whole masses of pigment in the form of black-brown granules embedded in the tissue, the glands are prolonged, and the interstitial connective tissue, which in the healthy condition is scarcely demonstrable, becomes developed into thick broad threads."

The condition of the duodenum, of the small and of large intestines is very similar; the mucous membrane is pale and swollen, and collections of dark coloured fluid are present.

If you were content to be guided by the symptoms and *post mortem* appearances in a rapidly fatal case of *phosphorus* poisoning, when forming an opinion as to the nature of the alterations this substance produces, you would scarcely recognise any gastritis, and would see simply granular degeneration of the mucous follicles and glands of the stomach; but when the slow chronic action of the poison is taken into consideration there is evidence of a true inflammation preceding the glandular degeneration. In acute cases, the process is so rapid and so complete that actual destruction of tissue or its conversion into fat globules has commenced before you have had an opportunity of observing the inflammatory stage. But that it is present in the beginning, there can, I think, be no doubt. In chronic cases we find, on the other hand, a great thickening of the mucous membrane and an increase in density of the normally slight connective tissue, with at the same time a withering of the glands. Essentially then, in either case, the result of *phosphorus* poisoning, so far as the stomach is concerned, is inflammation of its glands. Virchow terms it *gastro-adenitis phosphorica* (*Archiv.* Bd. xxxi. s. 399), but denies that it is *specific*, as it occurs in poisoning by *arsenic*. It is, however, a specific effect of both poisons, and brought about in each in a sufficiently distinct manner. The inflammation of the mucous membrane in *arsenical* poisoning is much more intense and painful than it is in such as are occasioned by *phosphorus*. The glands under the influence of the former are more truly inflamed, while under that of the latter the gland structure becomes changed into fat globules. In *arsenical* cases ulceration commences on the surface of the mucous membrane; in *phosphorus* poisoning ulcers are formed by the bursting of the swollen mucous membrane, which is distended by the pressure of the primary glandular enlargement, the accumulating fat globules, and the extravasation of blood.

So that, while both drugs produce gastro-adenitis, it is a gastro-adenitis of a different type in each instance.

In the case to which I drew your attention at the commencement of my lecture there were no symptoms indicative of cerebral disorder, and all that is said regarding the *post-mortem* appearance of the brain, is that it was "very hyperæmic, and had a flattened surface." In another illustration of *phosphorus* poisoning to which I have several times referred, the brain is described as being "pale,

bloodless, and softer than natural; the ventricles contained a *minimum* quantity of serum, the sinuses were distended with dark fluid blood." On the day before his death, while perfectly conscious, he stated that when in the horizontal position he could perceive a feeble ray of light, but that when he sat up, he could not see at all; the pupils were so dilated that only a narrow ring of iris was visible, and they were uninfluenced by light, while he complained of darting pains in the eyeballs."

Before passing to the consideration of the more chronic effects of *phosphorus* poisoning, I wish you to notice the entire absence of any evidence of the existence of fever of the sthenic type, and the uniform presence of extreme prostration. In Dr. Mering's case, the temperature was never above the normal range, and on the third day began to sink below it, not much, it is true, but sufficiently so to indicate the direction in which the constitutional effects of the poison lay.

Not only is there a profound sense of prostration, but the phenomena ordinarily attending diseases of which the characteristic feature is prostration were also present. Conscious on the second day of her admission into hospital, on the third she was incoherent, grasped at anything near her, and finally became quite apathetic, while the abdomen was tender to pressure and tympanitic throughout, and three copious and bloody stools were passed. On the 12th the pulse was slow; on the 13th far quicker, 120; on the morning of the 14th 96, in the evening it could not be felt. The symptoms in all cases of acute *phosphorus* poisoning are precisely similar.

Such, then, are the chief of alterations produced by this powerful substance on the blood and tissues of the body, when taken in a quantity capable of bringing about a rapidly fatal issue. We have next to examine its more subtle influence, the results which follow on long exposure to its fumes, or protracted resistance to its effects. These are seen in its action in the periosteum and on the spinal cord.

First, then, as regards its action on bone. The manufacture of lucifer matches has afforded ample opportunity for observation, while the experiments of Von Gibra and Wegner on rabbits have tended to precisionise our knowledge of the subject.

The array of symptoms we have been considering—the cough, dyspnœa, gastric, hepatic and intestinal disturbances—come on gradually, and in a more or less severe form, before the bones are attacked. The first bone to suffer is either the upper or lower maxilla. Whether the *phosphorus* gains access through a carious tooth in the first instance, or whether caries of the teeth is originally produced by the action of the substance, is a debated point. It is indeed one not easily cleared up. Sir James Paget, in a clinical lecture on "Phosphorus Necrosis" (*Medical Times and Gazette*, February 15, 1862), spoke too positively when he said that "so long as the mucous membrane was intact and the teeth sound there was no mischief;" and again when he says, "So far as has been ascertained, no bones except those of the upper and lower jaw have been attacked." This is qualified by the words, "so far as has been ascertained," but as I shall presently show you, the periosteum of the femur and of the skull has been the seat of phosphorus necrosis. So many cases of poisoning have been recorded, and doubtless so many have occurred of which no notice has been taken, that it seems highly improbable that all the persons so attacked should have had carious teeth when entering the factories. Then, again, we know in what a tissue-disintegrating condition the blood of a person exposed to the fumes of *phosphorus* is, and surely there is no great difficulty in supposing that the blood passing to nourish the bone, should not convey the material for destroying its vitality. At the same time it has been repeatedly observed that pain commences in the teeth, that on examination they have been found to be carious, and that when, to relieve the pain, they have been extracted, maxillary disease has proceeded with a ten-fold increased rapidity. So too is it when an abrasion of the mucous membrane has been present. But the occurrence of necrosis of the femur, as well as of other bones, as a consequence of *phosphorus* poisoning, seems to me to point distinctly to a specific affinity being possessed by the drug for bone tissue, one that is capable of being exercised through the circulation. Of such a case, Wegner—who, by the way, nevertheless regards phosphorus necrosis "as a purely local affection, occasioned by the locally irritating influence of the fumes of *phosphorus*"—gives a very striking example. The patient was a man, eighteen years of age, who from his fourth year until recently had been

working in a match manufactory. He had never been conscious of any ill effects from his occupation. The maxillæ were perfectly normal. He was admitted into the Charité Hospital at Berlin, in consequence of an accident—a wheel of a wagon had passed over his right leg, on the upper third of which were two moderately extensive wounds, not extending down to the bone. When granulation was commencing, hospital gangrene set in, and gangrenous periostitis followed to such an extent as to render amputation necessary. This was performed on the lower third of the thigh. During the operation the looseness of the periosteum was noticed, and when a few days later the removal of the sutures became necessary, "the periosteum of the whole circumference of the shaft peeled right off up to the trochanter minor, and fell back with the soft parts in the form of a flabby funnel-shaped sac, so that the superficially necrosed shaft, to the length of half a foot, stood out free." Death took place on the sixth day after the operation. Dr. Wegner then says:

"I performed the autopsy on the 18th February, and found gangrenous periostitis of the femur, which had been amputated in the lower third; commencing cortical and central necrosis of the bone to the extent of almost the whole shaft; osteomyelitis; ichorous femoral thrombophlebitis; metastatic and partially gangrenous infarctions of the lungs, and of the muscles of the right upper extremity; phlebitis in the same extremity; purulent exudation into the right shoulder joint; tumefaction of the spleen; parenchymatous nephritis and similar hepatitis. After maceration we subsequently found slight general hyperostosis of the skull; slight ossifying periostitis of the alveolar margin of both maxillæ, the teeth being intact; comparatively extensive osteoporotic strata of deposits on the epiphyses and apophyses of the bones of the extremities."

This case seems to me to show that *phosphorus* does, when conveyed through the circulation to the various tissues of the body, exercise a profound influence on osseous structure generally. It is impossible to regard all such changes as these as being the outcome of a few days illness, they were, indeed, in a large proportion, the previously unexpressed results of fourteen years exposure to the phosphorus vapour called into activity by an injury.

The nature of this influence is essentially periostitis, which, when acute, terminates in caries or necrosis of the superficial layers of bone; and when chronic the periosteal

separation takes place gradually, and new bone forms beneath it.

Then, *secondly*, *phosphorus* has a decided power on both the cerebral and spinal nerve centres—but more especially on the latter. In 1862 Dr. Gallavardin, of Lyons, published a fairly exhaustive paper on *phosphoric* paralysis in *L'Art Médical*, a translation of which appears in the *British Journal of Homœopathy*, vol. xx, p. 460. In this he gives three instances of paralysis of spinal origin due to *phosphorus*. In a chemist who took six grains in three days paralysis of the left arm and delirium occurred. In a second, due to inhalation after an explosion of matches in process of manufacture, the victim, while endeavouring to extinguish the burning material, fainted from suffocation. On recovery he experienced a sensation of weakness in the back, then in the extremities, with trembling at every effort, and creeping beneath the skin. At first there was great sexual excitement, and subsequently complete impotence.

"On admission into the hospital his general health was good, and nothing appeared to indicate cerebral disease. His legs were so weak that he could only walk a few steps, and even that he did with a tottering gait, and as if he was not sure of himself; if he tried to stand upright, his legs trembled and knees bent; his hands and arms trembled on making an effort. In a state of repose the muscles started out all over the body (muscular contractions) chiefly in the extremities, which were not painful, but sufficiently sensitive to exhibit convulsive movements under the skin, and muscles contracted from time to time at various points. Sometimes nothing of the kind was visible, and yet he cried out all at once as if a part of his body had been suddenly touched. On the left arm there was a constant feeling of formication under the skin, sensation being normal over the general surface of the body. The spine not sensitive, nor painful, but so weak that the patient cannot straighten himself, nor remain standing when once straightened. The faculties, both intellectual and moral, the functions of the chest, of the heart, and of the digestive organs were normal, but the pronunciation of words was embarrassed (paralysis of the tongue). The patient lived three or four years in the full enjoyment of his senses, whilst the paralysis increased and extended, but all attempts at treatment were unavailing."

In another case, cited by Dr. Gallavardin, paralysis of the hands ensued in a man after several attempts at poisoning with *phosphorus*.

That organic disease of the spinal cord was the cause of the symptoms which followed the taking of *phosphorus* in each instance there can, I think, be no doubt. The second is the only one sufficiently fully related to permit of any pathological inductions. Here, taking the preliminary sexual excitement in connection with the consequent impotency, and the subsequent form assumed by the paralysis, sclerosis of the spinal cord in one or other of its columns was probably the nature of the disease produced.

Such, then, are the forms of disease, and the structural alterations, which *phosphorus* will produce in the healthy human being. Dr. Habershon, when detailing the particulars of a case of poisoning by *phosphorus* at the Clinical Society, in 1867, could draw no other lesson from it than that this substance was a possible cause of certain forms of disease. He regarded it as affording diagnostic rather than therapeutic instruction. To us, material of this kind is suggestive rather of the diseases it will cure. To those who ignore the practical utility of the law of similars, cases of poisoning by drugs have no therapeutic meaning; while by such as recognise this law as the basis of drug selection, they are regarded of the highest value. They furnish us with a large proportion of the facts which enable us to put this law into operation.

In my next lecture I shall endeavour to point out not only the forms of disease in which such details as I have gone over to-day, suggest *phosphorus* as a remedy, but, with the aid of the more minute and copious symptomatology derived from provings, the kind of cases of such diseases in which you may with confidence rely upon it.

Tunbridge Wells,
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SLEEP WITHOUT NARCOTICS.

By Selden H. Talcott, M.D., Ph. D.

Medical Superintendent of the State Homœopathic Asylum for the Insane, Middletown, N.Y.

From the mouths of babes and fools proceed, sometimes, the choicest statements of worldly wisdom, and the happiest benedictions upon the commonest of our earthly necessities.

It was "one of the fools" who said: "blessings upon the man who invented sleep;" and yet, all the wise ones of earth rise up and say "*Amen*" to the sentiment. One third of our lives is passed in the arms of Morpheus; else we are unhappy. We may fail in all other wooings, and feel only the throbbings and achings of a disappointed heart. But if the goddess of sleep fails to respond, when we appeal to her for tender and soothing caresses, then, indeed, are we not only harassed in heart, but broken in brain and made bankrupt in body.

Sleep is the prime and choice necessity of our natures. To secure it in abundance with system aud regularity is the aim of the philosopher, the dream of the poet, and the easy accomplishment of the working man.

When we are in health; when we fulfil our destinies by steady engagement in useful toil; when harmful care is put aside; then we may sleep, as we breathe, without forethought or worriment.

But when disease assails the citadel of life; when idleness has bred *ennui* in our bones; or when overwork has wrenched and unstrung the fine tension of the nervous system, and to one or all of these is added the burden of anxious care for the follies of the past, or the possible dangers of the future; then the question of sleep becomes momentous and problematical. It is momentous under such circumstances, because without it we cannot long exist; it is problematical because the element of doubt, as to its accomplishment, enters largely into each individual case.

What is sleep? We are told that "it consists in a temporary suspension of the functions of the cerebral portion of the nervous system." It is needful for purposes of brain repair, and no argument is required to prove the assertion. The physiological phenomenon of sleep may be thus described: The brain, or at least that portion in which the grey matter is distributed, becomes anæmic. This anæmia, while sufficient to quiet the ordinary operations of the mind, is not far enough advanced to restrict the necessary processes of repair. Indeed, the design of nature seems to be that the brain shall be rejuvenated while its owner and occupant, the mind, is at rest. The great thoroughfares of our cities are relieved of *dèbris*, repaired, and made ready for continued use, while the busy merchants, with their servants and horses, are

retired from active service and regaining strength for the labours of the morrow. In a similar manner the busy haunts of the human mind are cleansed and repaired and made ready for further use, while the haunts themselves are deserted by their subtle owner, it having been driven out by the propelling influences of gentle yet subduing sleep.

That the theory of cerebral anæmia during sleep is true, (in opposition to old time theories) has been proved by the numerous experiments of Alexander Fleming, the critical investigations of Durham, and the observations of the state of the retina in sleep, with the ophthalmoscope, by Hughlings Jackson. Fleming tried compression of the carotid arteries, and succeeded in causing sleep; Durham removed the skull cap from dogs, and noting the differences in the appearance of the brain when the animals were asleep and awake, decided that the brain is always anæmic while the victim is in the former state: and Hughlings Jackson found, with equal conclusiveness, that the expansions of the optic nerve are paler and less vascular during sleep than at any other time.

Not only is the brain less freely supplied with blood during sleep, *i.e.*, not only is the volume decreased, but the velocity with which it moves is likewise diminished. This may be accounted for by two reasons: *firstly*, the heart's action is slower and less powerful in its impulses during sleep; and *secondly*, it has been suggested that "the blood vessels of the choroid plexuses in the ventricles of the brain may become more turgid during sleep, and, by a sort of erection, may act as diverticula for the blood in the cranium, whilst the cerebral vessels are proportionally emptied. The less full state of the vessels of the brain substance has been called its nutritive circulation, and the more full condition its functional circulation; the vessels of both the choroid plexuses and the brain may be understood to be governed by the state of the vaso-motor nerves."

That the choroid plexuses have duties to perform no one can doubt. In health they attend each night to the closing of the gates which lead to the temple of intellectual activity. Conscious of their great mission, they swell, like drum majors, into congested and possibly conceited proportions. But they keep back, with faithful hands, the unwarrantable intrusions of the external senses; and like willing subjects they guard against all disturbances while their cerebral king

indulges in needful repose. When these guardians of the brain are enfeebled by too much toil, unrequited, and without reinforcements (like our army and navy), then are the gates left open and the antagonist of sleep is permitted to enter. We have found, in the brains of patients who have died insane, marked disease and degeneration of the choroid plexuses.

The condition for sleep — cerebral anæmia — being conceded, the questions arise: What are the natural causes of sleep? What are the causes which prevent sleep? And how, and by what means, shall the latter be removed? These conundrums form the text of our present dissertation.

The natural causes of sleep are, first and foremost, fatigue of the body from physical exercise, and a corresponding impulse of the mind calling upon nature for repose. Active use of the brain produces, likewise, an imperative demand for rest.

The favouring causes of sleep are the darkness of night, the removal of all ordinary disturbing agencies, the horizontal position of the body, cessation from toil and thought, and release of the brain from sensorial impressions. Then the access of sleep is swift and easy. The mind is "pervaded by a strange confusion which amounts almost to a mild delirium; the ideas dissolve their connection with it one by one; and its own essence becomes so vague and diluted that it melts away in the nothingness of slumber." Health of the body, and a quiet harmony of the mind with its surroundings, are the normal conducements to sleep. Hence we find that the young and strong; those of a full habit or lymphatic temperament, and those whose philosophical training inclines them to a peaceful disposition, are the best and most natural sleepers.

Among the proximate or assisting causes of sleep we may name monotonous sounds, such as a droning voice during the delivery of a dull sermon; slow music; the humming of bees; the falling of rain; the rattle of wagons; the steady rolling of street cars; the dash and roar of waterfalls; or the surging splash of the ocean surf as it breaks upon the shore. These attract the attention of the mind from inward cares, or outward irritation, and lull the senses to quiet forgetfulness, like the drowsy humming song of a gentle old nurse.

To the foregoing may be added the effects of cold upon the system as a sleep producer. Moderate cold is an

irritant, and tends to wakefulness; but severe cold moderates the circulation, and produces at first drowsiness, and afterwards an irresistible tendency to sleep. This effect of cold, by producing overpowering sleep, is a source of greatest danger to the brave explorers of Arctic regions.

Per contra, excessive heat tends to indolent inactivity of the body, drowsiness of the mind, and a strong tendency to sleep.

Alcohol, opium, and other drugs, when used to excess, are at first overpowering and sleep-compelling in their action; but finally they come to produce the opposite effect.

In considering the causes which tend to *prevent* sleep we may note, *firstly*, those pathological conditions of the brain which tend to disturb or derange its normal action. Chief among these are cerebral hyperæmia, and the opposite, namely, excessive anæmia. While healthful sleep is due we believe to a moderate anæmia of the brain, a persistent and severe anæmia of that organ is one of the most striking causes of sleeplessness. The "happy medium" is the only condition in which to obtain certain and satisfactory sleep.

Secondly, protracted over-use of the brain—that is overwork of that organ until the strain produces, or tends to produce, vaso-motor paralysis—disturbs or destroys all natural tendencies to sleep.

Thirdly, over anxiety of the mind—that is unwise worrying over the duties of the present; unwise haste in the acquirement of wealth or knowledge, and trouble borrowed from the past or future—is another of the prominent causes of sleeplessness. Work may engross the attention and powers of the mind and body during the day, and no harm result; but when worry tyrannises the will, over-rides the judgment, and holds ruinous carnival in the citadel of the brain at night, then arise the most disastrous dangers. An eager desire to become rich impels us to unnatural toil while the day lasts, and drives us mad in the contemplation of the harassing theme during the still watches of the hours of darkness. But worst of all are the fearful apprehensions in which we sometimes indulge concerning the possibilities of the future. We are kept awake many times, when we ought to be asleep, in our eager endeavours to make ready for the crossing of bridges we may never reach.

Fourthly, the natural temperament of some people is a formidable obstacle to the securement of needed sleep. Those of a bilious temperament are inclined to melancholy; and the cheerless gloom which surrounds a person of such a temperament is a marked and chilling hindrance to repose. The nervous temperament impels its owner to rapid and continued action, until the exhaustion and anæmia are so great as to induce irritability and sleeplessness.

Fifthly, we may record the fact that localized disease in some portions of the body other than the brain, may, by reflex influences, tend to wakefulness. This is particularly true concerning diseases of the heart, which disturb the circulation; also diseases of the lungs, which produce cough; and diseases of the stomach, such as dyspepsia and gout. The former break repose by sudden demands upon the mind for attention; the latter by producing pain after each inception of food. Again, diseases of the liver or bowels may so far impede or derange the circulation as to produce sleeplessness. The kidneys, the bladder, the genital organs (particularly those of the female), are likewise the seats of sleep-disturbing disease.

Having considered in brief the physiology of sleep; the natural causes of sleep; and the causes which prevent sleep, we turn to a consideration of the means for removing obstacles to that rest which the body and mind periodically demand, and likewise to a consideration of those remedies, aside from narcotics, which tend to aid nature in the attainment of natural and healthful sleep. To insure regular and reasonable visits from "Nature's sweet restorer" we must offer sufficient and satisfactory inducements. To this end we must establish and continue those physiological conditions which nature invariably demands. All causes which prevent sleep must be systematically removed. Here is opened up a vast field of inquiry concerning the regulation of our daily lives, which field we cannot now sufficiently explore; but we hurry on to consider the state of affairs as they ordinarily exist among the sick and insane, and among those who, by imperfect living, are tending toward the hospital and the asylum. As we have already stated, two conditions oppose the acquirement of sleep. These are hyperæmia of the brain—stimulating it to undue activity and playing the part of a whip and spur to a tired horse; and the opposite of hyperæmia—excessive cerebral anæmia.

To relieve the former by rational methods, a flank movement is required. The blood forces must be enticed away from their persistent assaults upon the cranial fortress. This can best be accomplished by filling the stomach with solid food, thus furnishing temporary engagement for the pugilistic globules on other fields. The food should be of the coarsest and plainest variety, else the remedy, like others of a homœopathic character, might produce an aggravation! You all know that the lower animals, after filling their stomachs with coarse and abundant food, lie down immediately to rest and sleep; and they succeed, even after the most severe and exhausting toil upon the race course, at the plow, or in the field. To a reasonable extent man should imitate the unartificial habits of less gifted animals.

Should excessive anæmia exist and a state of nerve irritability and trepidation be thus produced, we shall find that the best means with which to combat such sleep-endangering forces will be the administration of liquid food, such as hot milk, beef tea, and broths, about an hour before sleep is intended. By doing this the impoverished blood is speedily nourished, and increased not only in quantity but in volume, to the required degree.

Another natural means for inducing sleep is *massage*, or muscular manipulation. This method is of peculiar value to all that class of persons who are addicted to sedentary habits; to those who take too little exercise; and to those who suffer from imperfect circulation, and from imperfect digestion and assimilation of food.

The method has been frequently described, and consists simply of kneading, compressing, and manipulating the muscles of the entire body by a strong, young, and skilful *masseur*. The best description of the process that we have seen is given by Dr. S. Wier Mitchell, in his work entitled: "Fat and Blood." He says:

"An hour is chosen midway between two meals, and, the patient lying in bed, the manipulator starts at the feet, and gently but firmly pinches up the skin, rolling it lightly between his fingers, and going carefully over the whole feet; then the toes are bent and moved about in every direction, and next with the thumb and fingers the little muscles of the foot are kneaded and pinched more largely, and the inter-osseous groups worked at with the finger tips between the bones. At last the whole tissues of the foot are seized with both hands and somewhat

firmly rolled about. Next the ankles are dealt with in like fashion, all the crevices between the articulating bones being sought out and kneaded, while the joint is put in every possible position. The leg is next treated, first by surface pinching, and then by deeper grasping of the areolar tissue, and last by industrious and deeper pinching of the larger muscular masses, which for this purpose are put in a position of the utmost relaxation. The grasp of the muscles is momentary, and for the large muscles of the calf and thigh both hands act, the one contracting as the other loosens its grip. In treating the firm muscles in front of the leg, the fingers are made to roll the muscles under the cushions of the finger tips. At brief intervals the manipulator seizes the limb in both hands and lightly runs the grasp upwards, so as to favour the flow of venous blood currents, and then returns to the kneading of the muscles. The same process is carried on in every part of the body, and especial care is given to the muscles of the loin and spine, while usually the face is not touched. The belly is first treated by pinching the skin, then by deeply grasping and rolling the muscular walls in the hands, and at last the whole belly is kneaded with the heel of the hand in a succession of rapid, deep movements, passing around in the direction of the colon.

"It depends very much on the strength, endurance, and practice of the manipulator how much good is done by these manœuvres. At first or for a few sittings they are to be very gentle, but by degrees they may be made more rough, and if the *masseur* be a good one it is astonishing how much strength may be used without hurting the patient. The early treatment should last half an hour and should be increased by degrees to one hour, after which should follow an hour of absolute repose.

"After the first few days I like the rubber to keep the part constantly lubricated with cocoa oil, which is agreeable in odour, and which keeps well, even in warm weather, if a little lime-water be left standing on the top of it. Vaseline is also a good lubricant, and both of these agents make the skin smooth and soft, and supple. As soon as a part has been manipulated it should be at once wrapped up. In men who are hairy it is often needful to have the limbs shaved, because the constant pull made on the hairs gives rise to very troublesome and painful boils. The early use of massage is apt in some nervous women to cause increased nervousness and even loss of sleep, but these symptoms may safely be disregarded, because they pass away in a few days, and very soon the patient begins to find the massage delightfully soothing and to complain when it is omitted. Women who have a sensitive abdominal surface or ovarian tenderness have of course to be handled with care, but in a few days a practical rubber will by degrees intrude upon the tender regions, and will end by

kneading them with all desirable force. The same remarks apply to the spine when it is hurt by a touch, and it is very rare indeed to find persons whose irritable spots cannot at last be rubbed and kneaded to their permanent profit. The daily massage is kept up through at least six weeks, and then, if everything seems to me to be going along well, I direct the rubber to spend half of the hour in exercising the limbs as a preparation for walking. This is done after the Swedish plan by making movements of flexion and extension, which the patient is taught to resist."

Not only is the process entitled "massage" of singular value in the rebuilding of worn and depleted systems, but we find in our experience that it is a remarkable promoter of sound and healthful sleep. When business men cannot afford a vacation for purposes of recuperating, and when they cannot afford time during the day to take a sufficient amount of out-door exercise, the services of a *masseur* may be called in for an hour during the evening, and the benefits of a five-mile walk be thus obtained, not the least of those benefits being a subsequent night's rest of the most grateful and refreshing character. To Americans, whose lives are generally spent, while the sun shines, in active competition with their fellows, this method of securing passive exercise and sure sleep will prove a welcome and health-promoting boon.

Among the simple means for inducing sleep, to which all may aspire, are warm baths, fresh air, comfortable beds, sufficient and proper bed clothing, and proper position in bed.

Health, comfort and sleep may be obtained, after a hard and irritating day's work, by a warm bath, a cold douche following the bath, a brisk rubbing following that, just previous to retiring for the night. The end in view is to obtain by these simple means a normal circulation of the blood and the restoration to equilibrium of all the vital forces. The cares and anxieties of the day are washed out, so to speak, oftentimes, by an appropriate and well conducted bath at night.

Fresh air should be freely supplied in every sleeping room, yet the sleeper should be protected from even moderate drafts, for these, though apparently slight at first, will produce chilliness of one portion of the body, while another portion may be over-heated, and thus a disturbing inequality of circulation ensues.

Beds should be firm in texture, level and well elevated from the floor, for thus complete circulation around the bed is secured, and the sleeper is above the influence of some of those dangerous gases which are likely to accumulate in sleeping rooms. The position of the head is of importance. In cases of hyperæmia the head should be well elevated; in the opposite condition the patient should sleep upon a very small pillow. Bed clothing should be sufficient to insure comfort, yet care should be taken against using too much. Bed clothing should be porous. Soft woollen blankets are the best. Tightly woven and stiffly starched counterpanes are objectionable because they do not favour good ventilation.

(*To be concluded.*)

IS THE GERM-THEORY OF DISEASE A VERIFIED HYPOTHESIS?*

By Dr. Simpson, Medical Officer of Health for Aberdeen.

It was the fashion at present to put down a large number of diseases, both in medicine and surgery, to the effects of micro-organisms, which, like larger parasites, such as trichinæ and echinococcus, produced disease by their presence. There were such micro-organisms without doubt, and it was from the discussions regarding their relations to fermentation and putrefaction that the present germ-theory had arisen. Supposing the germ-theory to be true, it did not follow, therefore, that disease was allied to fermentation or putrefaction, for these changes took place in dead, whereas disease occurred in living matter. There was no doubt that micro-organisms could live in the body, but the question was, "were the changes called disease produced by them?" Professor Lister was the first in this country to give a practical bearing to the germ-theory, and his results supported it. Operations, especially on joints, were performed with truly wonderful success when compared with former results. But in spite of spray and carbolic

* We reprint this report of a paper, read at the meeting of the Aberdeen Branch of the British Medical Association, from *The Journal* of the 28th April.

dressing, micro-organisms existed in the serum and pus of wounds; they were present in the pus of sweet wounds. Virchow had never found any particular difference in the pus under the antiseptic and the old treatment. Professor Ogston had found micro-organisms in all suppurating wounds. Carbolic acid had never been proved to be a destroyer of germs, at least in the form used as dressing; and the spray seemed useful or otherwise according to the state of the atmosphere, it being most effectual when the air was comparatively pure, but next to useless when the air was blowing from certain quarters and bringing abundance of germs. Cotton-wool itself needed disinfection, and this could be done only by exposing in to great heat. Lister's success depended on something else than the exclusion of germs. This was seen by comparing his results with the results of others not using antiseptic measures, such as Spence, Keith, Sir W. Fergusson, etc. Good hygiene, general cleanliness, fresh sponges, etc., had all their share. Listerism had done good service, but it had not effected the destruction of the germs as expected. The germ-theory did not, however, stand or fall by the success of any particular kind of treatment, such as Lister had brought forward, for improvements might yet be discovered which would do away with all forms of micro-organisms. Professor Ogston had shown that micrococci had a very intimate connection with acute abscesses, pyæmia, etc.; and, as these micrococci existed naturally in the body and in the intestines, he assumed that they were inactive then, because the vitality of the part had to be lowered before they could act; but if that were so, why were not people in a weak state of health subject to a kind of spontaneous origin of such diseases? and those suffering from ulcers of the stomach or intestine, or large indolent ulcers of the leg, poisoned by micro-organisms? Many experiments had been performed by cultivating micro-organisms and injecting the culture-fluid into animals. The evidence was conflicting, the balance of evidence appearing to favour their harmless nature. One experimenter injected septic bacteria into the peritoneal cavity of a rabbit with no bad effect, and in another experiment allowed air from a *post mortem* room to pass through the subcutaneous tissue of a rabbit without producing any injury. Other experimenters had allowed bacteria, within certain limits as to quantity, to be injected into

the veins without injurious results, the blood remaining fresh for any length of time if not exposed to air. Another experimenter again, after exposing septic fluid to 140°C.(=284° Fahr.), a heat which killed all the germs, and keeping the cooled fluid for a long time without any bacteria having been produced, injected the filtered fluid into an animal with fatal effect; bacteria actually developing in the blood, or at the seat of the wound. In some other experiments, it was found that a temperature of 250° Fahr. would not destroy the bacteria of a very virulent septic fluid, but that at that temperature the septic power of the fluid was destroyed. The fact of old putrid fluid being less virulent than fluid recently putrid, while both swarmed with micro-organisms, indicated that they were not the cause of virulence. If fresh animal juice were added to the old, activity was restored, to be again lost in a short time; thus showing that the poison, though particulate, was either decomposed by exposure, or volatile. There were animal alkaloids which had been obtained from putrefying corpses, and these were of different degrees of poisonous activity according to the time the process had been going on. Chemists also had found in septic blood an alkaloid very similar in its properties to atropine. He considered that it had been proved that bacteria were present alike in poisonous and in non-poisonous fluid, and that they could be injected into the living tissues without harm; and that the actual poison had in the form of an alkaloid been isolated, and had induced the poisonous effects without the bacteria; and, moreover, it had been proved many years ago that the living tissues themselves could secrete a poison when simply irritated even by germicides like iodine—a peritonitis from injection of this having been produced, which by inoculation could be communicated to other animals. The bacillus anthracis had no peculiar form to distinguish it from others which had been proved to be harmless. Pasteur's vaccine for anthrax was in his hands a great success, but in other places this success had not been equalled, and Koch and Klein had not been yet able to lessen the virulence of the organisms by any cultivation. The subject of spores had been greatly matter of contention, some having asserted that they were formed only at certain temperatures, others denying this; others, again, considering them indestructible, and still others denying this. It seemed from all these statements

there was no grounds for the assertion—at least as yet—that anthrax was a parasitic disease. It was known that cholera was induced by a non-vital poison. Syphilis was another contagious disease which was hereditary. If it were due to a bacillus, this must go down from one generation to another. When there was so little proof as to organisms causing such diseases as anthrax, septicæmia, etc. (diseases which could occur as often as the poison was introduced), there was still less ground for supposing that bacilli were the cause of the more common infectious diseases—*e.g.*, small-pox, scarlet fever, measles, etc. If these were caused by micro-organisms, there must either be a different kind for each, or the organisms must be capable of playing many parts. No special constant micro-organisms had yet been found in these diseases. Micro-organisms were always present, but epidemics were not; and this could not be because there was nothing for the micro-organisms to work on. The cause of their spread was not dust-laden air, or widespread aerial influences, or germs in the air. In the epidemic of typhus just over in Aberdeen, he had tested the air for germs under most favourable circumstances, but had found nothing close to the beds of infected patients which he did not find in other places where there was no typhus. He believed that epidemics, whether in man or in animals, were traceable to contact; and that any set of cases was derived from a set anterior to them. They, might, under certain conditions, arise spontaneously. The progress of disease of epidemic character, such as cholera, had been by the most accurate observers traced step by step along the roads of travel. The fact that bacilli could be cultivated outside the body was an argument against their being the cause of disease; for, as they could thrive outside, it was difficult to understand why there were not epidemics all over the country having no connection with each other. He had had specially under his care typhus, scarlet fever, and measles; and had examined the blood in many cases, at all stages, and many times in the same patient, and had never been able to detect any micro-organisms. If contagious diseases were due to germs, why did they not go on multiplying; and, if got rid of, why could they not induce the disease a second time? This was said to be owing to their requiring a special kind of food, which was never again supplied, or from the parasites producing in the body such a change as

was entirely incompatible with their mode of life. But it was difficult to suppose the existence of such a food, which seemed so unimportant to the body as to be done quite well without; and there was no evidence of any change having been produced in the blood of the nature supposed. There was a great difference here from what took place in fermentation. There the yeast-cell grew till the whole fermentable liquid was turned into alcohol, and, if more fermentable liquid were added, the process would still go on; but this could not be so in the human body, for, if there were a sugar or other fermentable substance there, the process would have to go on for ever, for the material, being always renewed, could never be exhausted. The period of incubation could not be explained by the theory of micro-organisms; for if, as stated by Cohn, the bacteria had so great a power of quick multiplication, why should the incubative period be so slow and so irregular? Again, when the virus of small-pox was inoculated, the disease showed itself sooner and milder than when taken naturally; but this was not like the action of micro-organisms, which would act equally, however they got to their favourite soil. It was well known that quantity was important in vaccination and that five marks gave a far greater immunity from an attack of small-pox than one. This could not be the case were micro-organisms the cause. The parasitic theory of disease did not solve the problems with which physicians and surgeons had to deal. He could not see, in anything that had yet been advanced, any reason why he should embrace the germ-theory, and throw over the deductions long made from clinical experience.

SOME NOTES ON AUSTRALIA AS AN HEALTH RESORT.*

By Arthur H. Beavan, Esq.

If we examine an ordinary map of the vast Island Continent known by the general name of Australia, the most superficial observation will show us that there must exist a very great variety of both climate and physical aspect within its extensive area of over three millions of square miles, its

* Communicated by Dr. Neville Wood.

eight thousand miles of coast line, and between its thirty degrees of latitude. The popular conception, however, of this part of the world is rather vague, and tends to the assumption that all Australia is pretty much alike. Now in the case of an invalid who is recommended a thorough change of climate (as a last chance, perhaps), it is so vitally important that no imprudent selection of the place of residence should be made, that a few remarks on Australia generally, and its chief cities in particular, will perhaps be of some service. For this purpose my remarks will be confined to Australia proper, which includes Tasmania, but does not extend to New Zealand, an entirely distinct region.

The best known cities are Adelaide, Melbourne, Sydney, Brisbane, and Hobart—all more or less within the influence of oceanic fluctuations of temperature, and, speaking broadly, they are all more or less trying to an invalid. To begin with Adelaide. It is situated on a plain some seven miles distant from the shores of the Gulf of St. Vincent, which is itself shut out from the sea by Kangaroo Island, tending no doubt to keep the temperature at a high level during the summer months. An abundance of limestone exists around the city, and this becomes ground into the finest white dust, which it is hopeless to subdue by the most copious watering, when once the hot weather has fairly set in. The atmosphere is peculiarly dry, and undoubtedly a far higher degree of heat can be endured than in India, or in the more tropical regions of this Continent. It is no uncommon thing to see labourers digging up the roadway for the formation of new drains, and other laborious work, the thermometer being over 90° in the shade. Great heat is frequently experienced; 104° in the shade is by no means uncommon; a few years ago the unparalleled registry of 165° in the sun was noted, but this was quite an exceptional record. During these seasons all appearance of grass verdure ceases; the hills, which partly surround Adelaide, and are clothed during winter and spring with delicate herbage, become brown and barren-looking, while the glare from the whitened roads, the burnt-up fields and galvanised iron-roofed houses, is most trying. The native trees afford but little shade; and by the end of summer the pale faces and languid bearing of the ladies especially betoken how wearing has been the heat. I do not think that for men it is so prejudicial, as out-door occupations tend to divert the mind from dwelling upon the discomforts of domestic life

inevitable in a hot climate; probably also the freer process of perspiration in moving about, keeps the men in better health. The liver becomes deranged after many years residence, and a tendency to sore throat of a malignant type, and diphtheria amongst the young, is notorious. One reason of this may be the inveterate inclination of residents to sit, when heated, in currents of air. The houses are universally built with a broad passage running from front to back, with the various apartments opening out on each side. Doors and windows are all thrown open to catch any air that may be stirring at the conclusion of a hot day; a thorough draft prevails from end to end of the house; and, refreshing as it may be at the time, it must be injurious, especially to the weak, while there is frequently a sudden fall of 30 degrees in the temperature, accompanied by a change of wind to the chilling south. One has only to picture the light clothing usually worn, to imagine the unprotected state the heated body is in to resist these fluctuations. To Adelaide these sudden alterations of weather do not so much apply as to other places; for here the changes are more gradual, and therefore less noticeable. The hot winds are, however, terribly exhausting, and when they extend over some days and nights rest is impossible; the air is like an oven, animals lie about panting and greatly distressed, to sleep is most difficult, except through utter exhaustion, and the bath, to which all resort, seems to make one warmer still. These winds are no doubt beneficial in a sense, as they destroy the germs of disease, drying up and purifying all deleterious substances lying about; but they are, nevertheless, a severe trial to the weakly.

In Melbourne we at once perceive that the climate is generally cooler, by the fresher complexions and less worn look of its inhabitants; but it possesses very serious objections for a health seeker of sensitive constitution. The chiefest is the unreliability of the temperature for any lengthened period, or in fact for more than a few days together during the summer. The morning will commence with a clear, bright atmosphere, a very hot sun, and every indication of a thoroughly enjoyable though warm day, and one's dress is naturally adapted to the occasion. Before two o'clock in the afternoon a change occurs; clouds of dust are driven up before a high wind, the sun is obscured, and either a very heavy shower of rain, or a continuous breeze, necessitating the use of cloaks and wraps closes the

evening. This will be varied by three or four days of fierce unintermittent heat, culminating in one of unendurable hot wind, and then a change as described. The winters are generally cold, and here I would remark that a mere record of latitude or range of thermometer is but little guide to one's sensations of heat and cold in the Antipodes, and probably misguiding to the new arrival. It is a well known fact that the higher latitudes of the South are much colder than the Northern, and that the sensation of chilliness produced by a wind blowing from the accumulated masses of Antarctic ice is peculiarly keen, so that 40° Fahr. is quite a cold and warmth-craving situation in Victoria. From April to the beginning of November fires indoors are nearly universal, and warm clothing is essential. Sealskin and other mantles for ladies, and great coats and ulsters for the gentlemen are the general attire. The sky is frequently clouded, and heavy rains are usual. The most enjoyable period is the too brief spring of September and part of October, when the new vegetation develops with astonishing rapidity; the days are neither too hot nor too cold, and the atmosphere is wonderfully clear and peculiarly exhilarating—stimulating would be the more correct expression. And this quality of the Australian climate generally is perhaps one source of the constitutional weakness of those born in those colonies. From whatever cause, the youth of Victoria has not a robust nature. There exists here the same tendency to fatal sore throats, and typhoidal fever carry off many victims at the ages of fourteen to twenty-one.

Travelling up the coast we come to Sydney, a city which from its peculiar position on both shores of the fine harbour, with the Ocean and Botany Bay encircling it, is especially liable to high winds, and the relaxing effects of the presence of large surfaces of salt water at a high temperature. It is decidedly less healthy than Melbourne, and persons with a nervous or rheumatic tendency should avoid a prolonged residence here. Winter there is none, as we have seen it in Victoria and shall find it in Tasmania. But the changes of season are marked by a more intense heat of the sun, and a different prevailing direction of the winds. These are usually chilling in their effects, and attain to a considerable degree of violence, sometimes for days together in July and August, in one direction, from the westward, producing a peculiarly irritating effect upon the nerves,

and taxing ingenuity as to what kind of attire may equally meet a warm sun and a cooling breeze. Hot winds prevail here in the summer, but seldom last more than twenty-four hours, changing with great violence. A sudden fall of thermometer from 110° in the shade (in extreme cases) to 70°, I have myself experienced; occasionally with thunder and lightning, and a fall of large hailstones. It is noticeable that the same heat which would be quite bearable in the drier atmosphere of Adelaide is here insupportable, from the greater amount of moisture, producing a "muggy" or "sticky" sensation, which is most disagreeable. The nights are very lovely and still, the wind ceasing, and all seems at rest. The stars are bright, and the harbour becomes like glass; but no sooner is the sun well up than the breeze sets in, and radiation is in active progress over the surface of the perspiring body. In this, the oldest Australian colony, we might expect to find a marked characteristic in the descendants of several generations of British subjects. And, in fact, we do so; the spare frame, attenuated face, and long limbs of most natives of Sydney are well known; and the teeth of these, as of all Australians, are unfortunately brittle and apt to decay to a lamentable extent. It is an ordinary thing to notice quite young people with defective and decaying teeth.

Reaching Brisbane, we are at the most northerly limits of our journeying, and have to prepare for a kind of heat we have not hitherto experienced; the vegetation is nearly tropical, and so is the climate. The rainy season is in the summer, and a moist, steaming atmosphere has to be borne somehow. Garments are reduced to a minimum; a dwelling house is so but in name as regards shelter, for every window and door is left permanently wide open. When the summer is at an end the air is dry, the mornings and nights all but cold, a thin coating of ice sometimes forms, as in some parts of India, on water exposed to the air of early dawn; but the sun loses little of its power, and at mid-day is quite warm enough for an average Englishman.

"Tasmania, the sanatorium for many Indian officers, and a health resort for all the Australian colonies." Such is the character this little island bears, and not without reason, especially when a choice of residence is made in some inland part not too near to, but in the neighbourhood of the thick forests which cover the great part of this Ireland of the south. It resembles our sister island in its

believers I will narrate the case which checked my advocacy of it.

Many years ago a Russian lady, with her child, was sent to Gastein—the mother for some hysterical trouble, the child (a boy of 7) for change of climate on account of chronic diarrhœa, which had baffled both diet and treatment, allopathic and homœopathic. The latter system had been carefully tried at Odessa, Pesth, Vienna, and at Gastein without the slightest success. Neither change of climate nor the drinking of the cold Gastein water prevented this diarrhœa recurring five or six times daily, the stools being watery, yellow, and painless. The boy looked exceedingly ill, face pale, sallow, emaciated, with dark hair and hollow sunken eyes. He was tender to the touch over the region of the kidneys. The urine on examination showed an appreciable quantity of albumen. The whole condition was so grave that I became very anxious for the result. The heart was constantly excitable, although the sounds were normal. Every remedy suitable for Bright's disease and suited to his idiosyncrasy proved useless, as well as rigid diet. I was in despair, and the poor mother was fast losing her confidence in medical skill; but when distress is greatest, help is often nearest.

Two days after the discovery of albumen, I was visiting the mother for her own ailments. Whilst talking to her I heard the child screaming and weeping in the next room. I instantly went to him, and found him standing naked and being rubbed down with a sponge full of cold water. I immediately stopped the nurse, and censured her folly, but she replied that the mother had ordered it. Returning to the mother, I told her that I could scarcely believe that she gave such a dangerous order; but she admitted it, saying that she could not permit her child to go to bed unclean. I then replied: "I understand now why the child cannot be cured of his diarrhœa, which is consequent on the Bright's disease, and which has been produced by this cold sponging of the whole body." I told her that if she did not at once cease using it, I should write to her husband and inform him that she was killing the child slowly, and that even if the boy did recover, it was probable that he would have a permanent weakness of the kidneys and have cause to curse this dangerous fashion. The mother was terrified at my stern remarks, and promised to obey me, but said it was not altogether her fault, as several

physicians had ordered the child to be washed with cold water. I directed her to wash only the face, neck, chest and arms of the child daily, but the back, abdomen and legs to be washed once a week in a large bath of tepid soapy water, without any rubbing afterwards. From that evening the mother followed my advice, and three days afterwards the diarrhœa disappeared entirely; after a week, only half the albumen was present, and after a fortnight the Bright's disease was cured. The child recovered completely and became strong and healthy. For three years the mother returned to Gastein, and reported with pleasure that her son had no return of either the diarrhœa or the Bright's disease. After this experience I found it a valuable rule in dealing with ladies and patients of the upper classes, to ask, as a preliminary question, whether they use the sponge bath daily. Since adopting this plan, I have found more success attend my treatment.

[We can quite agree with our esteemed colleague as to the danger of cold affusion with young children, and cases of kidney disease, but we must confess that, for the healthy, the best rule is to say—

"In spite of all temptations
Not to bathe, like other nations,
He remains an Englishman."

—Eds. *M.H.R.*]

URTICARIA (NOTE ON).

By Robert T. Cooper, M.D.,

Physician Diseases of the Ear, London Homœopathic Hospital.

Some time ago a lady, suffering from *acne facei*, requested a prescription "for her face." I ordered half a drachm of powdered *sulphur* to be put in six ounces of water, and this to be used for sponging the face after the usual morning ablutions. Its effect proved beneficial.

The sister of the same lady had long been a martyr to attacks of urticaria, the irritation of which at times caused her much annoyance. Two of the principal eclectic physicians—we must not term them homœopathic—had frequently prescribed for her unsuccessfully.

Thinking that the *sulphur* lotion might do her good as well, she applied it, and with the most decided and permanent relief. The irritation as well as the wheals disappeared, and the bottle is now kept ready for use should occasion require.

I give this little passing note in the hope it may be useful in the hands of others. The affection is undoubtedly at times very annoying and uncertain in its treatment, and owing its origin to the most widely different causes; and a case like the above may help to bring *sulphur* and its compounds to mind when selecting a remedy for it, though it would be far from me to recommend it save in cases where the other symptoms pointed to *sulphur*.

Sulphurous acid has, I believe, been used as a lotion for urticaria. The remedial efficacy of *sulphur* itself is not so generally recognised.

REVIEWS.

The Diseases of Childhood. By Prof. B. F. Underwood, M.D., A.L. Chatterton Publishing Co.: New York.

In this book we have a valuable addition to the homœopathic literature of disease. The author has wisely abstained from giving anything further than the ordinary text-book definition of the various diseases incidental to childhood. The book has been based upon a series of lectures given to students, and is written in a manner likely to be acceptable to the busy practitioner. As little matter as possible of a superfluous nature, and as much information about drugs as space will permit, seems to have been the writer's object. The book is practically a complete repertory of the drugs most useful in children's diseases.

The subject-matter is carefully arranged, and the chief part of the work is given up to therapeutic indications.

The volume is nicely got up, and we can commend it to the attention of our readers as a useful reference manual.

The Bastilles of England. Louisa Lowe. London: Crookenden & Co.

The perusal of this volume leaves behind it a feeling of astonishment that such things as are set forth in it should exist in this nineteenth century. And yet we fear many of them are too

true; the authoress gives too many details as to name, date, and locality, to leave much doubt. Were it otherwise we are sure that the persons pointed out could not fail to institute proceedings. The preface informs us that the authoress has been an inmate of asylums, so that we might reasonably suppose her qualified to speak on these subjects. And speak she does—sparing none from the Commissioners downwards. Indeed, if even a small part of her indictment can be verified, we may expect to hear of some radical changes in the Lunacy Laws. It has long been felt that all was not quite correct in our asylums; that loopholes for abuse did exist, and that the Acts might be evaded; but that such flagrant outrages, as are described here, were perpetrated, very few could have any idea.

The literary style of the book is forcible and attractive; and the terrible outspokenness of its accusations is fascinating. There is throughout the feeling that one is face to face with real wrong and suffering. No one reading this book can fail to be much impressed by its daring force and pitiless accusation.

We hope to hear more of the subject in a future volume, which is to deal with Pauper Lunatic Asylums in the same manner as this, which deals with "private patients."

NOTABILIA.

MOVING ON!

In our last number we introduced to our readers Professor A. A. Smith's method of indoctrinating his medical brethren with therapeutic facts derived from homœopathy. In the *Medical Times and Gazette* of the 30th of June Dr. Thorowgood—who, we believe, is a great deal better acquainted with homœopathy than it would be convenient to him to make generally known—followed suit with some more illustrations of the value of small doses,—which were at the same time illustrations of homœopathically acting medicines. The writer of *Notes by the Way* in the *Students' Journal and Hospital Gazette*, who signs himself "Peripateticus," makes the following commentary on this contribution of Dr. Thorowgood's:—

"In the *Medical Times and Gazette* of Saturday last is published a paper by Dr. Thorowgood, giving the result of his experience as to the effect of minute doses of drugs. He says:—'I have come to the conviction that the doses of many medicines, as set forth in books, are often needlessly large, when we seek, not an eliminant or evacuant effect, but a gradual alterative or specific action from the remedy. There is probably no medicine

regarding the definite action of which physicians agree better than *iron*; but is it necessary for the cure of facial neuralgia to give an insoluble powder like the *hydrated oxide of iron* in a dose ranging from thirty grains up to three or four drachms? The *sub-nitrate of bismuth*, another insoluble powder, has been given for the relief of gastric pain in such large doses that, after death, large hard black masses of concrete *sub-nitrate* and *sulphide of bismuth* have been found blocking the intestinal canal. The gentleman who made the *post mortem* said the masses he removed looked like lumps of metal.' As to *calomel* he has seen marked beneficial results from the administration of doses of one-third of a grain, and he has found patients do much better with doses of two minims of tincture of *aconite* than with doses of five to fifteen minims as prescribed in the British Pharmacopœia. He also advises small doses of *liquor arsenicalis* for the relief of spasmodic asthma, and he has seen excellent results from the persevering use of small doses (one-fiftieth of a grain) of *strychnia* in promoting the restoration of exhausted nerve-function, 'while larger doses do but add to irritation and eventually increase the exhaustion.' Tincture of *nux vomica*, taken in doses of one or two minims fasting every morning, he has found useful in the cure of chronic constipation. If this is the case, and I have every confidence in Dr. Thorowgood's accuracy and honesty as an observer, does it not appear that we have hitherto been physicing the public on wrong principles? We rail at homœopathy, and taboo those who practise it, when according to our own showing they have been quite as near, if not nearer the mark than we have. As Dr. Thorowgood suggests, there is room here for further experiment and enquiry, and it may be that homœopathists can teach us a 'wrinkle' or two after all."

Yes, Peripateticus, homœopathy not only "can teach" you "a wrinkle or two," but *has taught* you a large proportion of all you most highly value! You study Phillips's *Materia Medica*—little thinking that for twenty years prior to the publication of that book its author was openly practising homœopathy, and that it consists for the most part of a setting forth of the uses of drugs from a homœopathic standpoint! You delight in Ringer's *Handbook of Therapeutics*—all unconscious that its teaching is to a large extent derived from that of avowed homœopathists. Doubtless you have referred now and again to Bartholow's *Materia Medica and Therapeutics*, and to Horatio Wood's *Treatise on Therapeutics*—from which if you were to omit all the homœopathy taught, you would bring down the size of each volume to that of a small octavo!

You may "rail at homœopathy," but you can only do so in ignorance of that at which you "rail." You may "taboo those who practise it" but depend upon it *you* are the losers by doing

so. Why not take a straightforward and manly course and study the method you admit can teach you a "wrinkle or two." Don't be content to take your "wrinkles" at second-hand, investigate and enquire for yourself. The Medical School, in connection with the London Homœopathic Hospital, will re-open on the 2nd of October—there go and learn all about the source of the "wrinkles," and, moreover, gather not a few more than you probably ever heard or dreamed of!

"PERMEATED WITH HOMŒOPATHY."

PERIPATETICUS has discovered, *viâ* Dr. Thorowgood, that "it may be that homœopathy can teach" him "a wrinkle or two after all," and, through the medium of a friend who has settled in a country town where a homœopathic practitioner has lately died suddenly, that no small proportion of the public think so too. Here is the paragraph in which the unpalatable fact is made generally known:—

"A friend of mine who is practising in a manufacturing town in the North of England complains very much of the homœopathic tendencies of the people with whom he comes in contact. He says: 'I was never in a place so permeated with homœopathy; a large number of my patients thoroughly believe in it, and are anxious that I should treat them with homœopathic remedies, but I cannot conscientiously throw over allopathy in favour of a system in which I have no faith. If I were to profess to treat my patients on homœopathic principles as well as on allopathic when necessary, I should soon have the largest practice in the place; so determined are the residents to have a qualified homœopath in the town, that a committee has been formed to secure the services of such a practitioner. It appears that until recently a homœopath practised in the neighbourhood, but he died rather suddenly, and no one has taken his place. This man was, it appears, a manufacturer until a few years ago, and was in the habit of prescribing homœopathic drugs for his employés. Seeing that there was a rich field for practice, he gave up business, attended hospital lectures and practice, and then obtained the Licence of the Apothecaries' Hall. In less than two years, he had worked up a practice of more than £1,000 per annum; but unfortunately, he was seized with sickness which defied both homœopathy and allopathy and carried him off in a few days.'"

Has it not occurred to the writer of this letter that, where so strong a feeling in favour of homœopathy is expressed by those who have had experience of its results, that there may be more of virtue in it than he has so far become aware of? He says he

"cannot conscientiously throw over allopathy in favour of a system in which" he has "no faith." This is of course perfectly right—and the patients object to discard homœopathy in favour of a system in which they have no faith! And they are quite right too! Their faith in homœopathy is based on experience; is the friend of Peripateticus quite sure that his want of faith in homœopathy is also based upon experience? They have "proved" homœopathy, and so satisfactory has been the proving that they are determined to have a qualified homœopath residing amongst them. Such a faith as this cannot by any possibility be regarded as a mere whim, it must have a substantial foundation of fact on which to rest, it cannot be other than the outcome of careful enquiry, investigation and experiment. When the writer of this letter can show that he has enquired into, investigated, and experimented with homœopathy —we should like to hear the results.

One thing we may remind him of—he will derive no advantage from merely *professing* to practise homœopathy. He must do so really, and remember that the profession, by studiously ignoring —save for the purpose of ignorantly defaming—homœopathy, have compelled the public to know a great deal more about it than they otherwise would have done. Many a supposed allopath has, from the appearance and results of the medicine he has given, been justly taxed by his patient with practising homœopathy; while some homœopaths, who from idleness or ignorance have prescribed an allopathic mixture, have been as justly assailed with—"Doctor this is not homœopathy." Profession is not enough. It is practice that alone will satisfy a public instructed and experienced in homœopathy.

PUBLIC INTEREST IN HOMŒOPATHY.

It is sometimes said that there is less interest in homœopathy among the general public than once there was. That it is less demonstrative may be admitted, but the continually increasing trade in medicines only available for the practice of homœopathy and in books directing their prescription is sufficient evidence that this interest is not on the wane. In 1858, the late Dr. John Epps was deploring the falling off in zeal for the Hahnemann Hospital, and the notes he prepared for a speech to be delivered at the anniversary dinner that year, as recorded in his *Diary*, give a good illustration of the cause of the alleged lukewarmness. He writes: "I compare the man suffering from disease, and gaining no benefit from allopathic treatment, to a traveller over a desert, and homœopathy to a lake of pure water, which, when the traveller finds, he plunges into with an

intensity of delight; but when this delight is over he regards water with no more than common complacency.

"The sick, who have thus wandered over the desert of allopathy in search of health, are full of gratitude when cured by homœopathy, and say they will give liberally of their substance so that others may derive the like benefit; but becoming *accustomed* to the blessings homœopathy has brought them, and as years pass, their zeal becomes diminished."

This is true. Patients are so accustomed to escape rapidly from serious illness, and homœopathic practitioners are so accustomed to see disease rapidly brought under control, that, as years pass, they lose sight of the cause of this rapidity, and forget from what futile and even dangerous measures this "cause" has delivered them.

HYDROCEPHALUS AS A HEREDITARY SEQUENCE OF CHRONIC LEAD-POISONING.

Dr. B. Rennert, of Frankfort (*Arch. fur Gyn.*, Band xviii., Heft 1), from observations of eleven families, with seventy-nine children, at a village in Hesse, where the larger part of the inhabitants are employed in the glazing of earthenware, and who suffer largely from chronic lead-poisoning, attributes to this cause the high mortality, amounting to fifty per cent. of the children during the first five or six years of life; and the survivors suffer from hydrocephalus, or an enormous size of the head, but without any symptoms of rickets, nor do they show any special tendency to convulsions.

MEMORIAL TO THE LATE DR. BAYES.

The Committee of the Bayes Memorial Fund have issued the following report, which has been sent to us for publication:—

The time having arrived when the project for inaugurating a memorial to the late Dr. Bayes can be carried into effect, it becomes the pleasing duty of the Committee of "The Bayes Memorial Fund" to lay before the contributors to the fund a statement of the amount received and the necessary expenses, together with a report of the action taken by the Committee to carry out the wishes of the subscribers.

When the lamented death of Dr. Bayes was announced, the sentiment was very general that the personal esteem and admiration in which he was held by a large circle of friends should find expression in some lasting memorial of his great qualities, and a feeling prevailed that the memorial which would be most

in accordance with the spirit that animated Dr. Bayes during his lifetime would be the endowment of a Ward in the London Homœopathic Hospital, an institution in which he took the deepest and most unselfish interest, and for which at various times he secured, by the generosity of his friends, considerable sums of money.

This object has been kept steadily in view by the Committee, and they have now the gratification to report that the ready and hearty response which followed their proposal to establish a memorial to Dr. Bayes has enabled them to carry that proposal into effect.

The amount subscribed—£1,474 19s. 6d.—has, indeed, exceeded their expectations: and, while the fund is made up by the contributions of many friends, the Committee record, with especial pleasure, that its increase to the very handsome total it has reached is due to one generous friend, Miss Goldsmid, who has not only subscribed one hundred pounds, but has, in addition, endowed an adult bed perpetually in the Bayes Ward by a gift of one thousand pounds.

On receiving this munificent addition to their fund, the Committee communicated with the Board of Management of the Hospital, with the result that the Board readily consented to the establishment of a "Bayes Ward," and the Committee of the Fund at once transferred the amount in their hands to the trustees of the Hospital.

From the balance-sheet appended it will be seen that the total amount received in Subscriptions is £1,474 19s. 6d., the amount received in Interest is £1 0s. 6d., while the amount disbursed in the necessary expenses of making the movement known through the medium of advertisements, and through the post by means of printed circulars, has been £36, leaving a residue of £1,440, which sum has been transferred to the Hospital trustees, and has been accepted by them for the endowment of Beds in a Ward to be named after Dr. Bayes.

It only remains for the Committee of the Fund to congratulate themselves and the subscribers on this gratifying fulfilment of their mutual wishes in the foundation of a Memorial, which will not only be a monument to the personal qualities and public services of Dr. Bayes, but will perpetuate his memory by the Relief of the Sick, the great aim which during his valuable and active life marked his career as a physician.

WILLIAM VAUGHAN MORGAN,
Treasurer.

HENRY BELCHER, M.D.,
Honorary Secretary.

July, 1883.

BAYES MEMORIAL FUND.

LIST OF SUBSCRIPTIONS.

	£	s.	d.
Miss Goldsmid, Endowment in Perpetuity of an Adult Bed	1000	0	0
A. B. (per Dr. Tuckey)	1	10	0
Abbs, Miss	1	1	0
A., G. P.	1	1	0
Alsop, Miss G. S.	1	1	0
Anderson, Thomas Scott, Esq.	10	0	0
Anderson, Mrs. H.	5	0	0
Anonymous	1	1	0
Anonymous (per Messrs. Leath & Woolcott)	0	5	0
Antrobus, The Dowager Lady	5	0	0
Barton, Miss	2	0	0
Bayes, Miss	1	1	0
Baylis, Rev. Edward	5	5	0
Baylis, Miss	2	2	0
Baynes, Dr. Donald	2	2	0
Beague, Mrs.	1	0	0
Belcher, Dr. Henry	2	2	0
Bentinck, The Lady	5	0	0
Blackley, Dr.	2	0	0
Blake, Dr. E. T.	2	2	0
Bloomfield, The Lady	3	3	0
Boodle, John, Esq.	1	0	0
Bradshaw, Dr. Wm.	5	0	0
Broderick, The Hon. Emma	5	0	0
Brooking, The Misses E. & M.	1	0	0
Brown, Dr. Dyce	2	2	0
Bryce, Dr. W.	1	1	0
Bunsen, Ernest De, Esq.	2	2	0
Burlingham, Richard, Esq.	1	1	0
Buxton, H. E., Esq.,	5	0	0
Carr, The Misses	2	2	0
Cash, Dr. A. M.	1	1	0
Chalmers, Dr. A. C.	1	1	0
Chambre, A. E., Esq.	5	5	0
Clark, Miss A. E. F.	1	0	0
Clark, Gordon, Esq.	10	10	0
Clarke, Dr. J. H.	1	1	0
Carried forward	1099	2	0

	£	s.	d
Brought forward	1099	2	0
Cole, Mrs. A.	1	1	0
Colekin, Mrs. H. M.	5	0	0
Collins, C. P., Esq.	2	10	0
Coope, Mrs.	2	2	0
Cooper, Dr. R. T.	10	10	0
Cronin, Dr. E.	5	5	0
Cross, G. A., Esq.	1	1	0
Cross, W. M., Esq.	1	1	0
Cushney, A., Esq.	2	2	0
Cushney, Mrs.	2	2	0
Cushney, Miss C.	0	10	6
Cushney, Miss F.	0	10	6
Dallas, Mrs.	5	0	0
Dalzell, W. F. B., Esq., M.D., Surgeon-Major late Bengal Army	2	2	0
Dudgeon, Dr. R. E.	1	1	0
Dobede, Mrs.	1	1	0
Drury, Dr. W. V.	1	1	0
E. D.	0	7	6
Ebury, The Lord	10	10	0
Ebury, Lady	1	1	0
Edgelow, Dr. W. F.	2	2	0
Edwards, Albert, Esq.	5	5	0
Engall, Thomas, Esq.	1	0	0
Epps, James, Esq.	3	3	0
Epps, James, Jun., Esq.	2	2	0
Epps, J., Jun., Esq.	2	2	0
Evans, H. M., Esq.	0	10	0
Evered, Mrs.	1	1	0
Flatman, A., Esq.	2	2	0
Flint, Dr. F.	1	0	0
Frere, Mrs. S. E.	1	0	0
Gardner, Mrs.	5	0	0
Goldsmid, Miss	100	0	0
Gordon, Admiral G. T.	5	0	0
Gordon, The Rev. R. A.	3	3	0
Graham, Miss	2	2	0
Gregorie, Mrs.	1	1	0
Gurney, Mrs. S.	1	1	0
Hahneman, Dr. Süss	1	1	0
Carried forward	1294	15	6

	£	s.	d.
Brought forward.....	1294	15	6
Hambro, Mrs.	5	5	0
Hayle, Dr. Thomas.....	1	1	0
Hayle, —., Junr., Esq.	0	10	6
Hawkes, Dr. A. E.	2	2	0
Heaton, W. H., Esq. ...	2	0	0
Hermines, S. F., Esq....	1	0	0
Hodgskin, Mrs. H. C....	3	3	0
Holmes, J. G., Esq. ...	1	1	0
Hughes, Dr. Richard ...	1	1	0
J., M. F. (per Miss Abbs)	0	5	0
Jagielski, Dr.	1	1	0
Jenyns, Miss	3	3	0
Jerram, Miss A.	2	0	0
Kindersley, Mrs. & Miss	1	1	0
L., E. G.	5	0	0
Lake, R. W., Esq.	21	0	0
Laurie, E. H.	0	10	6
Laurie, J., Esq.	1	1	0
Leath&Woolcott,Messrs.	1	0	0
Loveday, The Misses ...	5	0	0
Mansell, Dr. John	1	1	0
Macintosh, Dr. C. H. ...	1	1	0
Matheson, Dr. Duncan	5	5	0
Maycock, Captain	1	1	0
Meyhoffer, Dr. F.	4	0	0
Moore, Dr. John	2	2	0
Morgan, Dr. S.....	2	2	0
Morgan, Major William Vaughan	20	0	0
Morris, Mrs. G. J.	1	0	0
Morrison, Colonel R. ...	5	0	0
Morrison, Dr. S.	1	1	0
Nankivell, Dr. H.....	1	1	0
Newnham, The Rev. George	1	0	0
Nicholson, Dr. F. D. ...	1	1	0
Nixon, Mrs. Eliza	0	5	0
Osborne, Miss Ada Francis	5	0	0
Page, Mrs. Eliza	1	0	0
Pasley, Mrs.....	0	10	0
Carried forward	1406	10	6

	£	s.	d.
Brought forward.....	1406	10	6
Petrie, J. Esq.	1	1	0
Pite, A. R., Esq.	1	1	0
Pope, G., Esq.	1	1	0
Porter, Robert, Esq. ...	1	1	0
Powell, Dr. A. J.	1	1	0
Prescott, The Rev. Geo. Edward	5	0	0
P., S.....	2	2	0
Pullar, Dr. A.	1	1	0
Radford, Mrs. Sarah ...	0	15	0
Ramsbotham, Dr.	1	1	0
Rich, Miss.....	5	0	0
Rose, Miss Agnes.....	1	1	0
Rosher, G., Esq.	1	1	0
Rosher, F., Esq.	3	3	0
Ross, Major J. G.....	1	0	0
Rushton, Mrs.	2	0	0
Sampson, Mrs. Emily A.	1	1	0
Saunders, G. M., Esq.	3	3	0
Scott, Dr. W.	1	1	0
Simpson, Mrs.	1	0	0
Smith, Dr. Harmar.....	0	10	6
Southall, R., Esq.	1	0	0
Stephenson, Miss.....	1	1	0
Stephenson, Miss S. M.	1	11	6
Tabley, Lord De	5	0	0
Tabley, Lady De	5	0	0
Taylor, J., Esq.	1	1	0
Thorold, The Hon. Lady	3	0	0
Treasurer, per	1	1	0
Treasurer, per	0	10	0
Trench, Colonel	2	2	0
Trosier, Joseph De, Esq.	0	10	0
Tuckey, Dr. C. L.	2	2	0
Vear, De, The Rev. Walter	1	1	0
Walker, E., Esq.	2	2	0
Waterhouse, T. G., Esq.	1	1	0
Watson, Dr. C. G.	1	1	0
Willenhall, Miss	1	0	0
Williams, Dr. A.	1	1	0
Wilmer, Mrs.	2	0	0
	£1,474	19	6

BALANCE SHEET.

Dr. Cr.

RECEIPTS.

	£	s.	d.
To Subscriptions Received	1,474	19	6
„ Interest on Amount on Deposit at Union Bank..	1	0	6
	£1,476	0	0

DISBURSEMENTS.

	£	s.	d.
By Amount disbursed in Expenses by Hon. Secretary	7	15	10
„ Advertisements	8	12	9
„ Printing and Stationery	8	9	11
„ Postage of Circulars, &c.	8	12	7
„ Incidental Expenses	2	8	11
Total Amount of Expenses ..	£36	0	0
„ Balance, being amount transferred to the Trustees of the London Homœopathic Hospital and Medical School for the Endowment of Beds in a Ward to be called "Bayes Ward"	1,440	0	0
	£1,476	0	0

Examined and found correct—W. H. TRAPMANN.
ALAN E. CHAMBRE.

July, 1883.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

This influential Association held its fortieth annual meeting at Niagara Falls on the 19th, 20th, 21st, and 22nd of June. Two hundred and forty members enrolled their names at the registration office, and forty-six new members, who were recommended for election by the Board of Censors, were unanimously admitted. After prayer had been offered by the Rev. the Rector of St. Peters Church, Niagara Falls, the business was opened by a stirring address from the President, Dr. Bushrod James, of Philadelphia. Dr. James restricted himself, in accordance with the rules of the Institute, to a commentary upon the progress of medicine in general, and of therapeutics in particular, during the preceding twelve months, but at the same time made the several steps in advance texts on which to remark in a striking and useful manner. Thus—we quote from the report in *The Hahnemann Monthly*—after referring to the work which had been accomplished by homœopathists since the Institute met in Indianapolis last year, he said:—

"The future of homœopathy may then be easily predicted. All great reforms go onwards, not backwards, and most of them require long persevering effort, and consume years and decades and centuries before they become universally established in their results. The religious reformations in the past have been worked out slowly but surely. The history of political and social reforms shows that they generally take a lifetime before their successful termination is gained. And so it is with genuine medical reformation, which began with Hahnemann's issuance of the *Organon* in 1810, and is now progressing steadily and favourably even with the most bitter animosity prevailing against it. It is quietly battling on against old beliefs, that along the advancing eras of time have for three thousand years or more been attaching themselves to the laity like barnacles to a mighty ship. Now the owners have decided upon harbouring the ship, and have wisely begun to cleanse her hull. A generation or two more may yet be needed to completely finish the work and fit it for better speed and a better voyage upon the sea of time. And then, when reform will have become universal, the banner name of homœopathy will be folded with the ensign; the law of cure will be written on the minds of all throughout the medical world, and professional "isms" and "pathies" will have faded away into oblivion. The icebergs of jealousy, hatred, malice, slander and misrepresentation will also slowly have melted away. Battle-grounds will be obliterated. The battles with the lancet are already quite unknown to the younger portion of the present medical offspring; the torrents of the crimson streams have long since ceased to flow. The surgical instrument maker who would

now risk the manufacture of a case full of lancets would be regarded by these young practitioners a fit subject for an insane asylum. The 'senna and manna' craze is over, and the victims and victors are beneath the sod. The 'bilious' mania is waning, and the innumerable tons of mercury of its more recent days are no longer annually sweeping down so many human millions. The multiplex prescriptions, with a group of remedies like great columns for addition or multiplication, are gradually fading away, and simpler modes are following often with single remedies; while palatable sugar-coated granules, parvules, and pilules, &c., are now the rage in 'old-school' medical fashions, and remedies scientifically proved long ago upon the healthy by many provers of the homœopathic school are fast finding their way into the 'regular' drug stores, and are constantly prescribed by the 'regular' physicians, whom they most gladly delight to honour and obey. Crab-like in its details, the old-school is moving backwards. It will reach, ere long, common sense ethics—the single remedy, comminuted and minimum doses, and non-frequency of repetition—long before it will approach the practical law of cure, which it is destined to arrive at in the end, and acknowledge."

After referring at some length to the discussions which have been going on for some time past in the State of New York as to alterations in the code of Ethics, so far as relates to consultations, Dr. James concluded by saying:—

"Write down as a maxim this: Have honest youth only as your pupils for an honest and self-sacrificing profession; and let strict morality, integrity, intelligence, and thorough education be the standard in the colleges of *our* school at least. Then you will have no code to write. Every heart and head and hand and life, properly admitted into the profession, will have the moral and professional code stamped thereon: every sentence and action of such a man towards you, towards the fellow members of the profession of all schools, towards mankind at large, will be that of uprightness. From him no Janus-faced hypocrisy will ever frown at you. The most noble code I can pen or imagine may be written in a line: *Be upright everywhere.*"

The most important business on the programme of the meeting was the consideration of a model for a work on *Materia Medica*. The reports we have so far received give no indication of any conclusion having been arrived at as to the best method for presenting the actions and uses of a drug. Dr. T. F. Allen, of New York, however, read a paper on the subject, and presented printed copies of a pamphlet of some twenty-five pages as a sample of the revision which he is making of his *Encyclopædia of Materia Medica*. The report of the Committee was referred to

the Publication Committee, and Dr. Dake was re-appointed Chairman of the Bureau.

A very serious subject was brought under the notice of the Institute by Professor Edward Smith, of Cleveland. During the past year Professor Smith has continued his researches into the adulteration and imperfect preparation of triturations, and amongst other things noted by him was the extensive adulteration of sugar of milk. This led to the proposal by Dr. Dake, and the unanimous adoption by the meeting of the following resolutions:—

"*Whereas*, It has been demonstrated in the report of Dr. J. Edwards Smith at this session of the Institute that the amount of impurity existing in sugar of milk may be detected by the simple process of incineration, and that a ten-gramme sample of ordinary purity ought not to give an amount of ash exceeding one and one-half milligrammes.

"*Resolved*, That samples of *sac. lac.*, ten grammes of which yield residuum exceeding one and one-half grammes in weight, shall be considered unfit for homœopathic use.

"*Resolved*, That manufacturers of sugar of milk be requested to state on each package offered for sale the amount of ash in grammes produced from incineration of ten grammes of said sugar."

An animated discussion followed the announcement by Dr. Guernsey, of New York, that at the meeting of the Institute in 1884, he should propose that its name should be altered from that it at present bears to "The American Institute of Medicine."

The President for the ensuing year is Dr. Sanders, the Professor of Obstetric Medicine in the Homœopathic Medical College of Cleveland; and Dr. Allen, of New York, was elected Vice-President. Deer Park, Maryland, was selected as the place for holding the next meeting, and the date of assembly was referred to the Executive Committee.

A PROMPT *ARSENIC* ANTIDOTE.

We would draw attention to a passage contained in Dr. Squibb's *Ephemeris* relative to *arsenious acid*. This substance, known to be a virulent and rapid poison, may be counteracted by one simple and sufficient antidote, which is effective in proportion to the promptitude with which it can be administered.

We are all acquainted with the hydrated *oxide of iron*, the materials for making which should always be kept in readiness. Ample directions are given in the American *Pharmacopœia*, but where the materials are not at hand, an extemporaneous process may be adopted. Any solution of *ferric oxide* will answer, and any should be used rather than lose time. Monsel's solution of

iron subsulphate, or of the *chloride*, or of the *nitrate*, will do well, all that is necessary being to add water first and then solution of *ammonia* in sufficient quantity, but not in such excess as to prove caustic. The doctor next describes an extemporaneous remedy, for which he is entitled to no small praise.

The tincture of the *chloride of iron* is found in every pharmacy. It contains about 6·5 p.c. of *ferric oxide*, or nearly 9 p.c. of *ferric hydrate*, which is the antidote. Of the official tincture, two parts by weight or volume require just about one part of official solution of *ammonia* for precipitation, leaving usually a slight, unimportant excess of *ammonia*. If commercial 15 p.c. solution of *ammonia* be used, about two-thirds the quantity should be taken.

Antidote for arsenious acid.

	Parts.
Tincture of chloride of iron	4
Water	4

Mix in a bottle of the capacity of 16 parts. Add—

Water of ammonia	2

Shake, pour on large wet muslin strainer, wring out the water and alcohol, and replace with fresh water.

The stomach having been evacuated by emetics while the antidote was being prepared, give four fluid ounces of the mixture at once, to be followed by an emetic. Then two fluid ounces every ten minutes until the remainder be taken, making another portion in the meantime to be ready if required. For "parts," "fluid ounces" may be read with the same result. It is hopeless to keep the moist hydrated oxide for any reasonable time in a state for exhibition, and this proposal by Dr. Squibb seems a most desirable addition to extemporaneous pharmacy. —*Chemist and Druggist.*

DR. ROTH.

We have much pleasure in stating that Dr. Roth has been elected a foreign corresponding member of the Sociedad Española de Higiene.

MODERN THERAPEUTIC TEACHING.

In the *Therapeutic Gazette* we find the following instructive passage, credited to Dr. Craig, Lecturer on Materia Medica, Edinburgh School of Medicine:—

"*Euonymus atropurpureus* has three special actions:—1st, on the liver, increasing the bile greatly; 2nd, on the digestive organs, generally acting as a hydrogogue cathartic; 3rd, upon the kidneys, increasing blood pressure, and, *in overdoses, producing albuminuria and Bright's disease.*

" . . . . . In small doses, say of one to two drops three times a day, it is a valuable remedy in albuminuria, and may be alternated with *helonias dioica*. It is generally believed that indigestion and torpid liver precede albuminuria or Bright's disease; hence the utility of small doses of *euonymus*. One or two weeks' administration of *euonymin* (⅛ grain) or the fluid extract of *euonymus* (5 to 10 drops Parke, Davis & Co.'s) will generally cause the albumen to disappear from the urine. It is one of our most trustworthy remedies in gallstones, has more power over the pancreas and gastric glands than any remedy I know of, and hence its value in all forms of indigestion."

Here we have heresy *in excelsis*. Shades of Simpson and the immortal Œsculapius! has it come to such a pass, that a professor of therapeutics in orthodox Auld Reekie should actually inculcate in his lectures the adoption of such a theory of drug action. But alas, so it is; in the professor's own words "*in over doses producing albuminuria and Bright's disease*," "*in small doses, say of one drop, three times a-day, it is an invaluable remedy in albuminuria.*" In plain English, Dr. Craig, "*similia similibus curantur.*"

NOTICES TO CORRESPONDENTS.

⁂ *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. Roth, Dr. Cooper, Mr. Cross (London); Dr. Hayward (Liverpool); Mr. Brenner (Leicester); Dr. Bushrod James (Philadelphia); Dr. Strong (New York; Dr. Harmar Smith (Ramsgate); Mr. S. H. Blake (Liverpool); Dr. Galley Blackley (London); Dr. Hayle (Rochdale).

BOOKS RECEIVED.

American Homœopathic Pharmacopeia. Second edition. — *British Journal of Homœopathy.—Homœopathic World.—Student's Journal and Hospital Gazette. — Chemist and Druggist. — Monthly Magazine of Pharmacy. — Vaccination Enquirer. — New York Medical Times. — American Homœopath.—Therapeutic Gazette.—Hahnemannian Monthly. —American Observer.—Medical Counsellor.—University of Iowa Annual Announcement.—L'Art Medical.—Bulletin de la Société Medic. Hom. de France.—Revue Homœopathique Belge.—Allgemeine Hom. Zeitung.— Homöopatische Rundschau.—Boletin Clinico.—Omiopatica Rivista.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. Dyce Brown, 29, Seymour Street, Portman Square, W., or to Dr. Kennedy, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. Gould & Son, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE BRITISH HOMŒOPATHIC CONGRESS.

We are now in the midst of what may be termed the Congress Season. That particular *reunion*, in which we are especially interested, will be held in the course of a few days, and Thursday, the 13th instant, is the appointed time for the assembly of homœopathic practitioners, to take place at the "Royal Hotel," Matlock. We trust that we may then have the pleasure of meeting and interchanging thought with a considerable number of our professional brethren.

In selecting the place of our annual meeting, regard is generally had for the convenience of the majority, while the attractions of a particular place are not omitted from consideration. Edinburgh was found, last year, to have been a practical mistake, as so many members found the distance from their homes to be too great to allow of their being present, while the Scotch practitioners themselves, with a few, chiefly local, exceptions, did not attend.

Matlock was chosen principally because of its being central, and easy of access, and also on account of its natural beauty, and the interest attaching to the surrounding country. This latter feature alone it was hoped would prove an inducement to those who had not been there before

to visit it. Matlock is charmingly situated on the banks of the Derwent, and the neighbourhood is lovely, affording ample opportunity for delightful excursions to any of the members of Congress who may be able to spare a few days in addition to the one set apart for business. The hills, as the High Tor and Masson Hill, are well worth an ascent, while a never failing source of interest is to be found in the caverns. Not far off is the pretty village of Rowsley, well known to anglers, the famous baronial residence, Haddon Hall, and Chatsworth, the Palace of the Peak. Smedley's hydropathic establishment is well known to all of us, and a visit there will well repay the time devoted to it.

Our meeting is, as we have stated, to be held at the Royal Hotel, Matlock, Bath. At 10 o'clock in the morning the business will be commenced by an address from the President, Dr. MOORE, of Liverpool. He has not communicated to us the subject on which he will discourse, but that it will be interesting and instructive is certain.

This will be followed, after a short interval for necessary business, by a paper by Dr. BRYCE, of Edinburgh, entitled *Clinical Notes*. This will be a practical essay, embodying the results of Dr. BRYCE's large experience on points of interest, and so provide material for a useful discussion. After luncheon, Dr. J. COMPTON BURNETT will read a paper on *The Prevention of Abortion and Miscarriage by Diet and Remedies*, which will be, no doubt, marked by Dr. BURNETT'S usual originality and keenness of observation. The discussion which this will elicit will be followed by a paper on *Otorrhœa*, by Dr. R. T. COOPER, of London, whose large experience in the treatment of ear diseases gives him the power to speak with authority on this important subject. After several practical papers, should time permit, the Congress will hear one of a different type from

Mr. ENGALL, of London, on *An Enquiry as to the Place where Impregnation of the Human Ovum occurs*, a physiological subject of much interest.

The members dine together at the Royal Hotel, under the presidency of Dr. MOORE, the vice-president being Dr. HAYWARD, of Liverpool, and we quite anticipate the success of this festive conclusion to the day's proceedings.

We would also remind our readers that a meeting of the HAHNEMANN PUBLISHING SOCIETY will be held at the same hotel, at eight o'clock on the evening of the 12th, and by adjournment at nine o'clock on the following morning. The business to be transacted is, we understand, of great interest and importance.

We may add that invitations to attend the Congress have been issued only to those whose names appear in the *Homœopathic Directory*, simply because this is the only guide we possess to the addresses of such members of the profession as would be likely to feel an interest in the proceedings of the meeting. At the same time we can assure all qualified medical men, who are practising homœopathy, though their names are not in the Directory, that they will be heartily welcome. They must take it for granted that the only reason why they did not receive an invitation was, that the Secretary had no means of knowing that they were interested in homœopathy.

We trust sincerely that, with such an attractive bill of fare for the day, supplemented as it is by the charms of Matlock and its surroundings, there will be a large assemblage of homœopathic practitioners; in fact, that every one who possibly can will make a point of being present, and so ensure the success, from every point of view, of this meeting.

THE BRITISH MEDICAL ASSOCIATION AND HOMŒOPATHY.

THE Meeting of this Association, recently held at Liverpool, appears to have been one of some importance. A constitutional alteration of considerable moment occupied the attention, and excited the feelings of a large and noisy meeting. On the point submitted to the members by the Council—that, namely, of putting the election of the members of Council into the hands of the various branches of the Association—there does not seem to have been much, if any, opposition, but the proposition of certain amendments by a small minority led to scenes of disorder and of defiance of the chair—worthy only of Home Rulers in the House of Commons. Of these amendments, the chief related to the admission, as members of the Association, of medical men practising homœopathy.

There are a few members who never tire of endeavouring to commit the Association to some violent action regarding homœopathy. They remember the time when the Association unanimously declared homœopathy to be "a quackery" and "a fraud," and that homœopaths were "either knaves or fools;" and they see with dismay that nothing of this sort is any longer possible. Nay more, every move they make to secure from the Association a re-endorsement of such assertions, only tends to show an increasing number of members unwilling to fetter themselves in any direction, by declarations regarding homœopathy and homœopathists.

Last year, at Worcester, the same gentleman—Mr. NELSON HARDY, of London—who set agoing the disturbances at Liverpool last month, endeavoured to secure the expulsion of all supposed homœopaths from the Association, and in so doing obtained the support of fourteen members, while he received his deserts in the determined opposition of the rest of a large meeting This year

he pressed a similar point. As an amendment to the words in a clause of a new bye-law relating to the election of members—"Provided that the power of such Branch Council shall only extend to the election of male persons," Mr HARDY moved that this clause should read—"Provided that the power of such Council or such Branch Council shall only extend to the election of male persons *not practising homœopathy*, nor advertising." In supporting his proposal Mr. HARDY said—"Homœopathy had the same relation to their art as astrology to astronomy, or alchemy to chemistry." How any educated man—and we suppose that Mr. NELSON HARDY must be reckoned as entitled to be classed in this category—could bring himself to give utterance to such indescribable folly, we cannot conceive. Had he anxiously desired to secure the contempt of every person having an intelligent knowledge of homœopathy, he could not have said anything better calculated to obtain it. The time may come, indeed, when the members of a therapeutic section of the Association will look back upon the empirical practice of the present day as having been something very much akin to the astrology or alchemy of former generations, and the precise, orderly, law-directed, and therefore scientific method of drug selection, known to them as homœopathy, to be comparable only with the more exact sciences. With persons who, like Mr. HARDY, are so blinded by ignorance, and so influenced by prejudice, all argument is useless.

Mr. DIX, of Hull—who, by the way, once wrote a pamphlet against homœopathy having as its motto, on the title page,

> "—— Si quid novisti rectius illis,
> Candidus imperti, si non his utere mecum."—

appears to be as stupidly ignorant of the subject of his youthful tirade now as he was thirty years ago, and in his speech on the occasion we are referring to said—"There

was an old bye-law that every candidate for membership should sign a declaration that he was not a homœopath, and did not intend to become one." And then in a tone of lamentation he added "and no one could explain why the law had fallen through." We have heard that it fell through, or rather fell out, because, when the British Medical Association became incorporated under the Companies Acts of 1862 and 1867, the President of the Board of Trade would not grant his certificate of incorporation until that law had been struck out. And it is not only out, but it is not in the power of the Association to replace it, no, not even though Mr. NELSON HARDY and Mr. DIX, jointly and severally, undertake to roar as heartily and energetically as did BOTTOM the weaver!

Mr. HUSBAND, of Bournemouth, who at Worcester opposed Mr. NELSON HARDY, performed the same, to him, doubtless, very uncongenial task at Liverpool. But he could not help himself. The powers of the law and the growth of intelligence among the members were against him. No one has more vehemently and recklessly denounced homœopathy in the past than has Mr. HUSBAND. He has, however, learned how useless such opposition is when carried beyond those hard words which proverbially break no bones, and he reluctantly declines to renew it, unwilling to do anything "to advertise homœopathy or make it more powerful than it is." "For himself he would leave homœopathy to the contempt of all well regulated minds." He concluded by saying that "homœopathists were only worthy of the contempt of all honest medical practitioners who believed in their profession"—a statement which was met by loud cries of "No!" "No!"

We should like to have Mr. HUSBAND'S definition of "a well regulated mind"! If such a state of mental training involves "contempt" for homœopathy, it must, unquestion-

ably, necessitate a resolution to close one's eyes to facts which do not seem to square with one's notions of what should be the order of things; it would compel one to refuse clinical investigation of the subject; to regard the teachings of wide experience regarding it as misleading; and to assume as true, without any enquiry, the vapourings of those who write the leaders on homœopathy in the *British Medical Journal*—for example! No one who is open to be guided by the lessons of experience, no one who will make a clinical study of homœopathy, no one who will examine the reliability of the assertions anent homœopathy made in the *British Medical Journal*, will feel anything but respect for it, and an earnest desire to know more about it.

We are pleased to note that the concluding remark of this rabid and libellous partisan was loudly repudiated by his audience.

Now followed a scene such as is not often witnessed in an assembly presumably composed of scientific men, supposed to be chiefly concerned in promoting the welfare of the sick. We quote, from the *Liverpool Mercury*, an account of the proceedings, written by an eye witness:—

"At this point considerable uproar was caused by members trying to obtain the ear of the chair against the wish of a large section of the meeting, who clamoured for the suppression of the discussion and an immediate vote. The noise was intense in spite of the efforts to preserve anything like a semblance of order. A member of the Committee came forward and said, 'Gentlemen, are you going to disgrace yourselves by misbehaving in a public meeting and disobeying the chair.' This appeal was responded to by loud cries of 'Chair,' and hissing, which was directed against Dr. Gilbart Smith (London) and Dr. O'Connor, the former stationed underneath the gallery, and the latter on the gallery, both of whom were in vain endeavouring to obtain a hearing. In the midst of considerable disorder, the Chairman said, 'I am

in the hands of the meeting,' to which several gentlemen replied, 'and the meeting supports you.' The Chairman then said 'the meeting says 'vote,' and I put the amendment.' ('No, no,' and 'Yes, yes.') A great tumult prevailed during the show of hands, which resulted, according to the ruling of the Chairman, in the amendment being lost. He then asked for a show of hands in favour of the clause in its original state, whereupon

"Dr. GILBART SMITH, who had several times essayed to speak, said, amid continued uproar—'I propose an amendment to the resolution as you now put it. It is that this meeting be now adjourned, seeing that the business has hardly been conducted in a manner consistent with the dignity of the Association.' ('Hear, hear,' and laughter.)

"Mr. WALTER RIVINGTON (London), who had several times risen to a point of order and was as frequently refused a hearing, seconded this proposition.

"Dr. FITZPATRICK asked the Chairman to put it to the meeting whether the gentleman named, and others, should be allowed to address the meeting or be turned out. (Laughter and uproar).

"Dr. W. R. ROGERS (London) said they had patiently listened to a speech from the last speaker, and it was unfair to endeavour to put down those who differed from him. It was a disgraceful thing that a body of gentlemen should form a clique to stop others from speaking on a subject which was interesting to all.

"Dr. O'CONNOR said the practice of discussion in the House of Commons was to allow any member to speak to an amendment. Why had the Chairman refused to allow Dr. Gilbart Smith to speak!

"The CHAIRMAN said it was the wish of the meeting that they should not hear him.

"Dr. O'CONNOR continued speaking, but owing to the loud cries of 'Sit down,' and the noise caused by a number of gentlemen leaving the meeting abruptly, his observations were inaudible.

"The CHAIRMAN asked the meeting whether it was their

pleasure to hear Dr. Gilbart Smith, who was still standing, and the meeting responded with cries of 'No' and 'Yes.'

"A member in the gallery created laughter by remarking 'I beg to move that this house do report progress.'

"Ultimately another vote was taken, and the rule as it stood was declared to be affirmed by a majority of the meeting."

It had become well known that some such attempt to exclude homœopathists, as was made by Mr. NELSON HARDY, was to form a feature of the Association's meeting, at Liverpool; and homœopathy is too well and too earnestly represented in that city to admit of such an attempt passing unnoticed. Accordingly, one of our colleagues wrote a letter to the *Daily Post*, signed "L.R.C.P., M.R.C.S." in which, after referring to the growing power of the Association and its proceedings at Brighton in 1851, he said:—

"If you ask *cui bono?* as regards this letter, I reply that it has been intimated that several alterations are contemplated in the laws of the Association at the forthcoming meeting, and we think that this persecuting law should be totally and at once repealed, and that nothing but immoral or dishonourable conduct should prove a barrier to any qualified practitioner entering this Association or any medical association in this kingdom. In this city and neighbourhood some eighteen or twenty practitioners will be shut out by the above law, and it is not to be expected that they will come cap in hand beseeching to be admitted by the back stairs, when fully conscious that a law exists for their special exclusion."

The law to which our friend refers has indeed been omitted, as we have shown, but its spirit lives in and animates the Council in whom resides the power to refuse the membership to whomsoever they please. This they have to our knowledge lately exercised in the person of a highly respected homœopathic practitioner, who was proposed for membership by a local secretary of the Association and two

non-homœopathic members, all three practising in the town where he is residing.

The members of the Liverpool Homœopathic Medico-Chirurgical Society also took the question up, and at a meeting held on Monday, the 30th of July, Dr. THOMAS CARSON being in the chair, the following protest against the illiberal and unscientific action of the Association regarding homœopathy was agreed to and published in the Liverpool papers of the 1st of August :—

"We beg to enter a public protest against the illiberal conduct of the British Medical Association, about to hold its annual congress in Liverpool. For many years it has carried out a policy of hostility to homœopathy and homœopathic practitioners, by a law excluding all such practitioners from membership, and has endeavoured to the utmost of its power to destroy a system of medical treatment founded on a principle admitted by all, and which is as old as Hippocrates. This principle, whilst holding a place in medicine from that time till now, was not greatly developed till Hahnemann arose, and by his labours and genius revivified and extended it till it assumed proportions that had not been anticipated in the ages before him. Those who have studied it and adopted it as their chief rule of practice have found it to cover by far the largest portion of ordinary medical practice, and to be the most efficacious means of curing disease. The homœopathic school has grown till its practitioners are counted by hundreds in this country and by thousands in America. In London alone there are over a hundred, and, in addition, some thirty homœopathic chemists. Homœopathic medicines and books are to be found all over the civilised world, and at home there is scarcely a family where the system is not known. Yet in the latter part of the 19th century, and in the midst of liberal-minded England, a self-constituted body of medical men, forming the British Medical Association, close their doors against those who do partially, but not altogether, agree with them as to the best method of treating disease. In medicine, if anywhere, the rights

of minorities ought to be respected. An essentially imperfect and progressive science like that of medicine is in no position for assuming the functions of a dominant and intolerant church, and visiting differing opinions with the punishment of heresy. To do so is to assume an unwarrantable and illogical position, and to injure its own cause, for progress in medicine is only possible by the interchange of different opinions in order to elicit the truth; and we believe the conduct of the Association has very materially retarded its scientific progress. The suppression, or attempted suppression, of adverse opinions in medicine, by mere force of numbers instead of by the legitimate means of modern science—argument and experiment—is unworthy of the members of an enlightened profession. It would be an error to condemn every member of the Association for its legislative action as a body, for there are a few liberal-minded men amongst them—and they are chiefly of the higher professional ranks—who counsel fair and honourable dealing with their colleagues of whatever shade of opinion. But hitherto the dead weight of the rank and file of the profession has been against them, and the Association has thus laid itself open to the charge of acting in the spirit of a trades union of the narrowest type. So long as their *Index Expurgatorius* includes all homœopathic literature, and the comminatory clauses against homœopathic practitioners are standing in their statute books, they will give a point blank denial to the oft-repeated assertion that medicine is a liberal science. As the allopathic journals are closed to our remonstrances, we are obliged to have recourse to the public press; and this protest is sent in the hope that a wholesome public sentiment may influence the future proceedings of the British Medical Association, and bring them more into harmony with the higher professional feeling and with the spirit of the age."

The effort to bring a huge trades-union, such as the British Medical Association really is, into harmony with professional feeling of a high and lofty character, however laudable and right, however incumbent upon us as members of the same profession it may be and is, will, we fear, be

hopeless so long as men of the NELSON HARDY and HUSBAND type—men who know nothing of, and doggedly refuse to learn anything regarding homœopathy, men who having ignorantly committed themselves to an erroneous opinion regarding it, adhere to it in spite of all the evidence of their error that is accumulating around them. As long as men of this kind are ruling spirits in the Association anything like "higher professional feeling" is out of the question.

While saying this, we thank our Colleagues in Liverpool, for the calm and dignified protest they have made—one worthy of men of scientific repute—one which, if it have no weight with those who have arrived at a conclusion in which they are determined not to be disturbed, will have its influence on all persons of intelligence whose minds are unswayed by party bias, or whose interests are not bound up in the maintenance of the existing order of things.

That this protest has had the very desirable result of drawing public attention to the subject of homœopathy, and of causing people to reflect on the miserable tactics of the Association, is made apparent by a well written leading article in the *Liverpool Daily Post* of the 3rd ult. That our readers may have an idea of the tone of this article, and of the feeling induced in the minds of the citizens of Liverpool by the proceedings we have referred to, we reprint here the few first paragraphs of it:—

"When doctors differ it is not wise for laymen to dogmatise. Yet all outsiders who think will have little hesitation in forming the conclusion that the action of the British Medical Association in once more placing the ban of excommunication upon all homœopathic practitioners was bad in principle and unwise in expediency. The homœopaths may be left to take care of themselves. We have no desire to take up the cudgels in their behalf. But one or two considerations may, perhaps, without offence be urged upon the Association, which strongly suggest that a serious mistake was committed on Tuesday afternoon.

As long ago as the time of Gamaliel far-seeing men had discovered the uselessness of a policy of exclusion and persecution. The throwing of stones and the sneering of sneers never yet destroyed a doctrine or converted its professors. If the principles of homœopathy contain any germs of truth, if its practice is of any demonstrable value, all the resolutions of the British Medical Association will not overthrow it, and will only recoil on the heads of those who subscribe to them. It is not here asserted that there is such a basis of truth, or that such value can be proved. These points must be left to the decision of experts and to the promptings of individual experience. What can fairly be said is that homœopathy is practised by properly qualified physicians, many of them men distinguished in their profession and respected by the scientific world, and that if the tenets which they have deliberately and intelligently adopted are mistaken, the mistake should be shown by rational argument and experiment, and not blindly punished by irrational ostracism.

"In medicine there ought to be no *Index Expurgatorius*. The science is the most experimental in existence. Its principles are not to be defined like the properties of an isosceles triangle. Every day discovers something new and something better, and as long as disease and accident occur finality is impossible. A review of the very recent past might have made the Association pause. The 'general sentiment' of the profession has repeatedly gone wrong. A great man discovered the circulation of the blood, and that 'general sentiment,' though the fact was demonstrated before the very eyes of the doctors, pronounced the illustrious discoverer to be a charlatan. The value of vaccination, though clearly shown by JENNER, was obstinately denied by the profession in his time, and a new generation of doctors sprang up before the marvellous effectiveness of this preventative was generally admitted. The future as well as the past condemns the Association. Homœopaths, if they chose, might make a very strong point against their rivals by directing their attention to the tendencies of modern science. Physical science in relation to disease most certainly tends towards

homœopathy. At any rate, if it does not believe that 'like cures like," it has the very best grounds for supposing that 'like prevents like.' The germ theory, whether it be finally established or not, has revolutionised our ideas of zymotic diseases, and has directed the inquiries of physicists and doctors into an entirely new channel. Possibilities of prevention are coming into view which formerly were not dreamed of. And, singular to say, these preventative measures are homœopathic in character. The experiments of Pasteur alone entitle the homœopathists at least to a respectful hearing. The great French *savant* has done much to demonstrate the desirability of a comprehensive system of inoculation for the prevention of other diseases than small-pox, and inoculation is in a sense homœopathic."

Yes, so it is, "If the principles of homœopathy contain any germs of truth, if its practice is of any demonstrable value, all the resolutions of the British Medical Association will not overthrow it, and will only recoil on the heads of those who subscribe to them." Resolutions are mere verbiage; and verbiage counts for nothing in the discussion of a subject which can only be settled by an appeal to facts.

The Editor of the *Lancet* (August 11), remarking on these proceedings, describes physicians who practise homœopathy as men who "ostentatiously boast of their antagonism to regular medicine and of their belief in the most absurd dogmas." There is not a syllable of truth in this statement. In the first place, there is no such therapeutic method as "regular medicine," unless, indeed, the practice of homœopathy—which *is* based upon a rule or *regula*—be so described. There is nothing which in any degree savours of regularity, in prescribing medicines, in the teachings of the medical schools of this country. Neither do we "ostentatiously boast" of our "antagonism" to anyone or anything. We believe that our method of selecting remedial agents is preferable to that

ordinarily pursued, and we do our best to induce others to try whether it is not so—and this, we submit, we are in duty bound to do. Again, we do not believe in "the most absurd dogmas." We do not believe in any "dogma" in support of which a large amount of evidence, derived from thoroughly trustworthy experience, cannot be adduced. In the same article we are once more counselled to abandon what the Editor is pleased to term our "shibboleth." We have no "shibboleth" to abandon! There is a method of drug selection known all over the world as homœopathy. We believe that this method is more productive of curative results than any other; we follow it as closely as we are able to do; and we acknowledge that we do so. Herein is our offence! The *Lancet* would be perfectly content were we, while practising homœopathy, to declare that we did not do so! Such a line of conduct may be perfectly compatible with personal honour amongst those whose personal honour is made subservient to their personal interests, but not by any others.

Then, again, we are charged with having adopted "titles and labels which deceive and mislead the ignorant." Our sin, so far as the *Lancet* is concerned, consists in our *not* having done so! As a matter of fact, we have "adopted" no title or label. We practise homœopathy and endeavour to teach it, and we are called homœopathists in consequence, just as those who followed the teachings of Broussais were termed Broussaisists.

The sole object of this mode of attack is to induce us to deny the truth and reality of that which we know to be true and real. To do so may be perfectly consistent with what the *Lancet* and the British Medical Association understand by "ethics." We entirely decline to descend to their standard of morality at the bidding of either.

The question whether homœopathy is or is not true is one of vast importance not only to the profession but to the public, aye, chiefly to the public. The mere assertion that it is not true, more especially when it is uttered and uttered only by those who notoriously know nothing about it, will not serve as an answer to this question. Nothing short of clinical investigation will furnish one. There are numerous empty beds in the various London hospitals. Let a couple of hundred of these be occupied by patients suffering from acute and chronic disease to be treated during an entire year by physicians known to possess a full acquaintance with homœopathy, and at the conclusion let a report of each patients' case be published, and a return of the expense incurred by each be added to the report—and then we shall have yet fuller material than we possess at present wherewith to answer the question. This is the only way in which it can be replied to. That the money needed to conduct such an experiment can be found, we have no doubt; that the physicians competent to undertake it are ready for the work we are certain.

Dare the HARDYS and HUSBANDS of the British Medical Association accept the challenge? *Nous verrons.*

ON THE PHYSIOLOGICAL ACTION AND THERAPEUTIC USES OF *PHOSPHORUS.**

By ALFRED C. POPE, M.D.,

Late Lecturer at the London School of Homœopathy.

IN my last lecture I examined the disease-producing properties of *phosphorus*, the organs and tissues for which it has an elective affinity, and the character of the alterations in them to which it gives rise. To-day I propose to lay

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* The Second of Two Lectures on *Phosphorus*, delivered during the Session 1882-83.

before you the chief therapeutic inductions to which such conditions lead us, and to show you in what disorders and in what kind of cases this powerful poison becomes a remedy.

The phenomena of *phosphorus* poisoning have been observed to occur in a regular sequence; and before entering upon the purely therapeutic portion of this lecture I will give you an outline of the case to which I referred on the last occasion, where *phosphorus* poisoning was treated just as an ordinary disease would be, viz.: by selecting the medicine according to the totality of the symptoms present. As I said when alluding to it, this is not a plan which I would advise you to follow, so long as it is possible to antidote the poison chemically; and this because by the latter method the action of the substance is directly stayed, it is rendered inert, incapable of giving rise to its characteristic effects; while by the former the action of the poison is allowed to develop, the various phases of it being checked as they arise, and complete recovery occupies in consequence a very considerable time. For example, in the case treated by Dr. Gery, with oil of turpentine, the patient recovered from the effects of eating the *phosphorus* from two boxes of lucifer matches without any symptoms of poisoning, while in that which I shall relate to you the treatment extended over three months.

It is, therefore, simply as illustrating the order in which the several classes of phenomena characteristic of *phosphorus* poisoning arise, that I refer to it.

The notes of the history and progress of this case were read before the *Central Verein für Homöopathie* by Dr. J. O. Müller, of Vienna, and published by him in the *Allgemeine Homoopathische Zeitung*. You will find a translation of it in the seventh volume of *The North American Journal of Homœopathy*, p. 467.

"The patient was a strong, well-developed, muscular lady, thirty-three years of age, who had taken on a wafer 3 grains of *phosphorus*, derived from the scrapings of matches. She was seen by Dr. Müller eight hours after having taken the poison. During this time she had vomited twelve times. The vomiting was violent, and attended by a loud ringing sound, which finally awoke the inmates of the house where she was residing. Dr. M. found his patient sunk down in the bed, cold and pale; the skin covered with a cold, clammy perspiration, some parts of it waxy yellow; the countenance of a leaden hue, with dark circles

round the eyes; the mouth closed, the lips pale; respiration retarded, short and laborious; the heart's impulse weak, dilatory and intermittent; radial pulse small, rather hard, at times slow, unrythmical and intermittent; abdomen, especially the epigastric region, distended and painful to the least touch—she could not even bear the pressure of her chemise.

"The vomiting which had occurred was at first of a slimy watery character, mixed with epithelium and shreds of mucous membrane. There was also diarrhœa, the stools being very like the matters vomited. Urine was suppressed. There was no distension of the bladder, but great tenderness of the hypogastrium. Her general condition was that of collapse, the limbs flaccid and hanging down. There was complete unconsciousness, from which, however, she could be aroused by a loud noise made close to her ear. Dr. Müller now gave her *aconite* in the 1st dilution—a dose every ten minutes—and directed her to drink cold milk. In the afternoon reaction had taken place: She was warmer, the pulse fuller; she was unconscious only for a few moments at a time, and was able to speak, although only in a low, feeble tone. Pain throughout the abdomen was burning and severe; every touch or movement increased it. The abdomen was distended throughout. Retching and tenesmus were frequent, but vomiting and diarrhœa had ceased. Small quantities of deep yellow urine, having a garlic-like smell, were passed frequently with great burning pain. In the evening she again became worse: Paroxysms of delirium were frequent and protracted; her voice had become feeble, expressing fear of death in incoherent sentences. The eighth of a drop of the 1st dilution of *belladonna* was given alternately with the *aconite* every hour. In a few hours she became quieter, and slept naturally for several hours. Consciousness returned; the action of the heart was more regular; the pulse fuller and stronger; the surface of the body warmer and covered with perspiration; the abdominal pain was much less, tenderness to touch diminished, and the distension had nearly subsided. The bowels had not been moved since the diarrhœa ceased. On the fourth day of her illness, Dr. Müller was able to make a careful exploration of the abdomen. This he found everywhere tympanitic, but neither the liver, the kidney, nor the spleen gave any indication of enlargement. On the eighth day her appetite had returned, and she complained only of irritability in the hypogastrium.

"Two days later, an entirely new train of symptoms set in. There was a drawing pain in the upper part of the chest on the right side, which presently became deep seated and burning, occupying a space the size of a child's hand, and rendering her unable to take a deep breath. There was, at the same time, a

constant inclination to cough, and a difficulty in restraining the cough. *Bryonia*, in drop doses of the 1st dilution, was followed in two days by recovery from the symptoms, and on the twelfth day she was again comparatively free from suffering.

"On the fifteenth day, and for the ensuing two weeks, she complained of an extremely painful boring-burning pain in the bones, worse at night and preventing sleep. The pain was most severe in the bones of the head and nose, the maxillaries, gums and teeth; the pain in the last being increased by taking either warm or cold fluids; and mastication was so much interfered with that only liquid and mucilaginous food could be taken; sometimes she had a sensation of brittleness in her jaws and teeth, which she thought were loose and liable to fall out. The soft parts of the mouth and fauces were inflamed and slightly swollen, and the seat of a burning pain. The internal ear was very painful, with a stupefying, roaring, buzzing, and ringing noise; the external ear, the temporal region, and the upper maxillary of the right side were swollen. The schneiderian membrane was swollen, and near the nostrils was covered with a bloody scab. The nasal bones were swollen, and bloody pus was discharged from the nostrils. The discharge from the bowels consisted either of bloody mucous or of small fœcal discharges streaked with blood, and attended with burning pain and tenesmus. Micturition was painful, the urine, which was sometimes bloody, passing drop by drop, each drop burning like fire. *Mercurius* was first given without any result, and then a drop of *mezereum* in the 6th dilution morning and evening. The pain now diminished considerably within twenty-four hours, and the swelling of the bones decreased. Within four days of taking the *mezereum* hardly any troublesome symptoms remained.

"About the eighth week—after the patient had left her room and been able to walk out, doing well and gaining strength—another series of symptoms presented. She now lost control of the muscles of the lower extremities when going upstairs or getting into a carriage. A general nervous apathy set in with an indescribable heavy feeling of the body, causing every movement to be painful. She was now compelled to keep her bed more frequently, conceived an aversion to every employment, however agreeable a pastime it might be, and avoided all society. At times great mental excitement, bordering almost on insanity followed this apathy; she made use of passionate words and gesticulations, which at times she was able and at others unable to control. A paroxysm of this excitement was followed by apathy. During the daytime she felt an irresistible desire to sleep, but after a few moments sleep she began to twitch or talk in a vivacious delirium, or fall into an erotic ecstacy, amusing herself in a murmuring tone with

dreams of a libidinous character accompanied by digital irritation of the genitals. Urine was discharged copiously, clear and almost colourless. Almost at the same time that this group of symptoms set in, the knee and ankle joints became painful, walking was difficult and she easily fell if not very careful. She said that she felt as if a rough fleshy mass (*salzige masse*) were lying between the articulatory surfaces of the joints. The external surfaces of the joints were somewhat swollen but without either much redness or tenderness. The entire skin now changed very materially in colour. A peculiar paleness and flaccidity had been present for some time, but now a pale yellow was observed shining under the epidermis. The skin was swollen and of a sallow hue in some parts, especially on the face and eyelids; there was also slight pitting on pressure. In other parts—as the neck and spine—one could draw the skin in large wrinkles and folds.

"A peculiar exanthem which only invested the joints was the *finalé* of this *phosphorus* disease. The eruption was confined to a small area; the pustules were closely grouped together, itched, formed thin scales, dried and disappeared. In this way several crops disappeared, very much resembling ordinary eczema. *Sulphur* was prescribed; after taking a drop of the spirits of *sulphur* morning and evening for ten days she was quite restored, and now entirely recovered her usual health."

The first thing which strikes one, on reading the details of this very interesting case, is the absence of all indications of jaundice in its early history and the appearance of symptoms of the kind only towards its termination. In other respects the phenomena of *phosphorus* poisoning presented themselves in the order in which the records of chronic cases, arising from the inhalation of the fumes from match manufactories, suggest that they would do. In the commencement the effects are manifested in the abdominal organs. In this instance the inflammation of mucous membrane would seem to have been more intense at the onset than it ordinarily is, and to have resembled the consequences of arsenical rather than phosphorus poisoning. The vomiting was earlier and more thorough than is usual in the latter. That it was so was doubtless of material advantage to the patient, as, in all likelihood, a considerable portion of the very large dose—three grains—that was swallowed was ejected.

Then followed the pulmonary symptoms occasioned by *phosphorus*, and, these having subsided, its influence upon the bones manifested itself a fortnight later, while, at the same time, dysentery with hæmaturia set in. I would also

have you note the occurrence of pains in the bones, those of the face and the teeth being principally attacked. That they should be thus affected is entirely inconsistent with the theory that the influence of *phosphorus* upon osseous tissue is chemical, and strongly supports the conclusion that it is constitutional, or rather dynamic. It was not by direct contact that it operated here, but through the blood. After another interval of comparative immunity, the nervous system showed that it too had felt the effects of the poison. Both cerebral and spinal systems became involved. The alternative of mental apathy with excitement, and the erotism, so characteristic of the action of *phosphorus*, were well marked. Finally, the kind of disorder it produces on the skin set in and the patient recovered. The whole of the poison had been eliminated.

In passing now to a consideration of the therapeutic instruction to be derived from our study of Pathology of *Phosphorus*, I will first point out the kind of febrile state to which it is homœopathic.

There is no active inflammatory fever as a consequence of *phosphorus* poisoning. On the contrary, the condition produced is one of prostration. However severe the pain in the abdomen may be the temperature scarcely rises above the normal, while it rapidly sinks below it. Hence the general state resembles most closely that of the later stages of the adynamic fevers, such as typhoid and typhus. Again, if with this adynamia we associate the local lesions, especially that which occurs in the liver, yellow fever suggests itself as similar in some of its phases to the state of a *phosphorus* poisoned person.

It is more generally called for in typhus than it is in typhoid. When in the former you have intense prostration, stupor varied with muttering delirium, *subsultus tendinum*, picking at the bed clothes; a quick feeble pulse; dry, brown tongue; abdominal tenderness and tympanitic distension, stools passing unconsciously; the typhus spots fading and petechiæ appearing, *phosphorus* is clearly indicated, and has frequently been found of great value. If, in addition, pneumonia—often latent—is present, you will have in it an additional reason for placing confidence in this medicine.

The similarity subsisting between the action of *phosphorus* and the state known as yellow fever is very close, and in the second stage was used by Dr. Carvalho, of Rio Janeiro,

many years ago, and by Dr. Holcombe, of New Orleans, with much success. In the epidemic which ravaged some of the cities of the Southern States of North America in 1878, it was less frequently called for than *arsenic* and *crotalus*.

The alteration in the quality of the blood, the tendency to hæmorrhage, due probably to degeneration of the tissues of the blood-vessels together with the symptoms of exhaustion that mark a case of *phosphorus* poisoning have pointed to it as a remedy of importance in pernicious or essential anæmia, in leucocythemia, hæmophilia, purpura hæmorrhagica, and fungus hæmatodes.

In pernicious anæmia it is less strikingly indicated than is *arsenic*. In the cases in which it is called for disease is less advanced than in those where *arsenic* is needed. The white blood corpuscles, though increased in number and misshapen, are less visibly necrosed; œdema is not especially marked and emaciation not so great as where *arsenic* is required. Nevertheless, in prescribing for such a case, you will have to consider the relative advantages of each of these medicines before deciding on that, the symptoms produced by which, as recorded in the pathogeneses, correspond most closely with those of the patient under your care.

In leucocythemia *phosphorus* has, as I mentioned in my last lecture, been prescribed by Dr. Broadbent and Dr. Gowers, but without any success. The fact that the dose given was far too large for a case where there was so much similarity between the condition of the patient, and that ordinarily produced by the medicines renders these failures of no importance in forming an estimate of the value of the medicine in this disease. It is in the early stages of splenic leucocythemia, rather than in the lymphatic form, that we may expect to find *phosphorus* of service. The character of the blood, and the enlargement of the spleen, associated as they are with anæmia, exhaustion, petechiæ and hæmorrhages, render it probable—for we have, so far as I am aware, no clinical confirmation of the deduction—that in the early stages of splenic leucocythemia *phosphorus*, in the 3rd or 6th dilution, will prove useful.

To hæmophilia—of the morbid anatomy of which nothing is known, save that in some cases fatty degeneration of the blood-vessels has been observed — *phosphorus* on this ground, as well as by reason of its power to produce

hæmorrhages is obviously homœopathic. Independently of its pathology, such symptoms as these, contained in Hahnemann's proving, "small wounds bleed easily;" and, again, "discharge of blood from various parts of the body, hæmoptysis, bleeding of the gums, hæmorrhoids, &c.," would naturally lead to its prescription in these anxious and often serious cases. Dr. Simpson, of Liverpool, records the following illustration of the utility of *phosphorus* in hæmophilia in the *Homœopathic Review*, vol. xxv., p. 291.

"My patient was a lady, æt 35, with the characteristic blonde hair, blue eyes, fair skin, with the blood-vessels shining through, which so often indicate the predisposition. She had five teeth extracted on March 5th, at 3 p.m. The teeth being brittle, it was found necessary to press the forceps well down into the gum, which was consequently much lacerated during the operation. The subsequent oozing of blood was slight until the following evening, when it increased and continued during the night, so as to induce faintness. A medical gentleman who was summoned applied the *liq. ferri pernitratis* freely to the bleeding cavities, which he afterwards plugged with cotton-wool, but to no purpose, the hæmorrhage continuing profuse.

"I saw her thirty-six hours after the operation in the following condition: Face pale and swollen, with diffuse ecchymosis around the mouth and eyes and over the abdomen and extremities; pulse 140, almost imperceptible; very fœtid odour from the mouth, which was opened with difficulty, the gums being swollen, spongy, and bleeding. Every attempt to arrest the hæmorrhage by local applications having failed, and her life appearing to be in jeopardy, I gave her at once a drop of the 12th dilution of *phosphorus* every quarter-of-an-hour.

"Within one hour signs of reaction set in—the passive hæmorrhage from the gums ceased. The urine which passed three hours afterwards contained much less blood, and the stool passed in eleven hours showed a diminution in the quantity of blood. Twenty-four hours after the first dose of medicine the pulse was perceptibly stronger—124. She continued to improve, and within eight days of the extraction was quite well."

Again, purpura is a disease to which the symptoms I have detailed as arising from *phosphorus* show it to be homœopathic. It is so rather to the hæmorrhagic—the *morbus maculosus Werlhofii* of the Germans—than to the simple form, to that which is ushered in by a longer or shorter period of ill health, than to that where the affection is slight and appears to interfere but little with the general

health, unless the hæmorrhage is considerable. Further, *phosphorus* is indicated where purpuric extravasations arise in the course of typhus, small pox, cardiac disease, and the like. The homœopathicity of *phosphorus* to this disease was first pointed out and illustrated clinically by Dr. W. Arnold, the Professor of Pathology in the University of Heidelberg. The late Dr. Clotar Müller, of Leipsic, has also recorded clinical evidence of its value in purpura hæmorrhagica.

In encephaloid cancer, or fungus hæmatodes, we have a sufficient amount of clinical evidence to warrant our giving *phosphorus* a more extended trial. Whether the cases recorded were or were not truly cancerous, sufficiently exact measures of observation were not taken in either to ascertain—but in each there was a bleeding tumour, presenting all the external signs of what is known as encephaloid cancer, and in each this bleeding mass disappeared after the administration of *phosphorus*. This, I apprehend, especially in a disease which, so far as has hitherto been ascertained, is not only incurable but rapidly fatal, renders the use of *phosphorus* in such cases not only justifiable but imperative.

I will here give you a brief *resumé* of the cases I have referred to. The first was reported by Dr. Shipman, then of Chicago and now practising in New York, in the *United States Medical and Surgical Journal*, under the significant title of "What was it?"

The patient was a man 32 years of age, somewhat plethoric in appearance, who had, during the first three of the seventeen years previously to Dr. Shipman seeing him, suffered from a "scrofulous affection" for which he had taken mercury for some time. With that exception he had been in good health until December 25th, 1866, when he noticed a swelling on the inner surface of the upper part of the right thigh near the groin. He thought it a boil. There were other swellings near it. The largest had a scab on it which he picked off. Underneath, it looked bluish-red or purple. On the 28th he squeezed it, when it opened out like a cauliflower, the edges being everted. Dr. Shipman saw it on the 2nd of January. The edges had been previously touched with *nitrate of silver*. It was elliptical in shape, nearly two inches long, more than an inch wide, and projected about a quarter of an inch from the surrounding skin. It was of a dark purple hue—the colour of a very dark grape. The dressing, when removed, was found to be full of blood, but without pus. It was very sensitive to the touch, so much so that

the day before he fainted away when touching it with a sponge. It was quite painful when he moved about, but less so when resting. The pain was described as like pricking from a fine needle. Around were several little prominences about the size of half a small pea—purplish on their tops and looking as if ready to burst like the first one. *Arsenic* was given when he was first seen, but two days later six pilules of *phosphorus* 30 were ordered to be taken every four hours, and he was directed to apply a tomato poultice. Four days later there was some change for the better. In two days more, the smaller ones had nearly disappeared, and the larger one was much smaller; could be touched without provoking pain; the edges were raised and somewhat ragged; the bleeding was less, and the appetite and sleep were pretty good. On the twelfth day all signs of the fungus had disappeared, and nothing but a simple superficial sore remained, healing kindly. Two days afterwards he walked out, and in five days more it was almost entirely healed. In another two days he called on Dr. Shipman, when the upper half of the site of the sore was somewhat hard, as was the adjacent tissue, and, at the extremity, it was pouting and had bled a little. There was a very small prominence, as large as a split pea, which looked almost black. The poultice and *phosphorus* were repeated, and in a few days the part was entirely healed, and had remained so when Dr. Shipman saw him a year after.

The second case is, I think, still more striking and encouraging. It is one reported by Dr. Hughes in the 28th and 29th volumes of *The British Journal of Homœopathy* (pp. 794 and 164), under the title "*Fungus Hæmatodes.*"

The patient was an unmarried lady, æt. 46. Five years previously to consulting Dr. Hughes she had noticed a small lump in the right breast. She was told by a physician not to trouble herself about it, and did not do so until seven or eight months ago, when it began to enlarge and to be the seat of darting pains; then a hole formed in the skin, through which matter discharged; and lastly a flat sore formed at the seat of the lump. A sore was now present near the nipple, but neither much depressed nor unhealthy-looking. The nipple was not retracted, nor was there any hardness at the base of the sore. The general health was good; soreness and occasional pain in its seat were the only troubles complained of.

A drop of *phosphorus* 6 night and morning, and a calendula lotion were prescribed.

Ten days later a large bleeding fungus was seen sprouting from the sore. It bled freely when dressed, and was the seat of frequent darting pain. Dr. Hughes now directed her to take a drop of *phosphorus* 30 every other night, to dress the growth

with dry lint, keep it wet, and make pressure upon it by a bandage.

In a fortnight the pain was quite gone; no increase in size had taken place, and the bleeding was only occasional. A week later and the bleeding had quite ceased, while the fungus, which was dark red at first, was now quite pale and suppurating. In another ten days the position was the same, and the size being unaltered, Dr. Hughes substituted *thuja* 30 for the *phosphorus*. Five days afterwards, however, the patient returned with the growth looking larger, and on one side of it a fresh red mass, which had evidently sprung from the root of the fungus, and was pushing the old and deadened portion up from beneath, and there had been an outburst of bleeding. *Phosphorus* 30, a dose every evening, was now ordered. Three weeks from this time the report is:—"The progress of the excrescence has again been checked; there is no pain or bleeding; her general health is excellent; and the axillary glands are unaffected." There being no diminution in size in the course of another three weeks, Dr. Hughes ordered *thuja* 30 to be taken on alternate days with the *phosphorus*. Seeing her again in three weeks, the fungus was found becoming detached at its root, and hanging only by the slenderest of pedicles. The same medicines were continued, and about a week afterwards a gush of blood took place from the breast, when the fungus rapidly withered away. In a few days it had disappeared, and in another ten days there was nothing to be seen but a small cicatrised sore.

The third case to which I referred was one—reported by Dr. J. Komarek, of Prague, in the *Prager Med. Monatschrift* and *U. S. Med. and Surg. Jl.* July, 1869—where a fungus hæmatodes was present in the inguinal region of a newly-born child. Such was the diagnosis of a physician and also of a surgeon of Prague, who saw the patient before Dr. Komarek. An operation had been advised, but the age of the child, together with the size and locality of the tumour, determined Dr. K. to wait and meanwhile give *phosphorus* 3. two or three times a-day. In 14 days the growth shrivelled, turned pale, and in three weeks was a mere bluish discolouration of the skin.

The character of the degeneration of structure induced by *phosphorus*, and the tendency to hæmorrhage which marks its action, render it as likely a medicine to relieve disease of the encephaloid kind as any; in the three instances I have narrated its use was followed by the most complete relief; while they were examples of one which has hitherto baffled the medical art. On these three grounds

I would urge you to test the power of *phosphorus* thoroughly in every case of the kind that you may meet with, and to record the results.

In my last lecture I gave you evidence of the power of *phosphorus* to produce a pneumonic condition. It is a pneumonia of the croupous, diffused or lobar type to which it gives rise, and consequently that to which therapeutically it is homœopathic. Numerous illustrations of pneumonia and bronchitis, arising from *phosphorus* fumes, have been afforded by the workers in match manufactories.

The symptoms indicating it are considerable dyspnœa, with a sense of fulness, rawness and burning in the chest; expectoration is difficult, scanty and blood-stained; cough is hard and painful, aggravated by talking, or drinking anything whether cold or warm. When to these are added such as are typical of nervous depression—dulness of the head, stupefaction, delirium, intense weariness, with a quick small pulse—it will be still more decidedly called for. Hence in pneumonia occurring during the course of typhus, and when it appears in that low type which often forms a phase of an epidemic of influenza it is an invaluable medicine. It is not then in all and every case of pneumonia that *phosphorus* is strictly homœopathic, but it is so so frequently that Fleischmann, of Vienna, gave up all attempts at differentiation, and, after prescribing *aconite* during the first day, invariably ordered *phosphorus* to every case of pneumonia that came before him—and his success in its treatment has exceeded that hitherto recorded by any physician. In pleuro-pneumonia, however, *Bryonia* is decidedly preferable, and in simple congestion, with loose cough and profuse bronchial expectoration, *tartar emetic* is more truly indicated. In bronchitis it is not unfrequently called for in persons whose constitutions have been much tried. In some acute cases also when, together with inflammation of the bronchial mucous membrane, there is hyperæmia of the air cells, it is of great service. In such the expectoration is almost always blood streaked and somewhat considerable in amount, while the substernal rawness and burning, characteristic of *phosphorus*, are also present.

In true tubercular phthisis few medicines are more useful in relieving the hacking cough, checking the profuse purulent expectoration, and in dispersing intercurrent attacks of pneumonia and congestion than is *phosphorus*.

Its power to control pneumonia and bronchitis is not limited to cases occurring in human beings. The late Mr. Lord, M.R.C.V.S., referring to horses, describes it as "the best medicine for pulmonary coughs of a febrile or inflammatory character, whether such cough has its seat in the small bronchi or substance of the lung. It is also," he adds, "useful for chronic cough arising from some organic change in the pulmonary tissue. The *phosphorus* cough," he says, "is dry, short, and frequent, or what is termed a 'racking' cough." He usually gave ten drops of the second decimal dilution four times a day (*British Journal of Homœopathy*, vol. xxvii., p. 317). I have also seen it promptly efficacious in the pneumonia which frequently occurs during distemper in young dogs.

The well known and amply attested power of *phosphorus* to produce fatty degeneration of the muscular fibres of the heart, at once points out the disease of this important organ to which it is homœopathic. The subjective symptoms of *phosphorus* poisoning reflect, accurately enough, the morbid changes observed *post mortem*. Thus, we note as frequently recurring amongst both provers and the poisoned such symptoms as oppression about the heart, faintness, palpitation on the slightest movement, with the cardiac sounds weak and fluttering and the impulse feeble. These, taken in connection with such more general indications of retrograde metamorphosis as are common both to sufferers from fatty degeneration of the heart and from poisoning by *phosphorus*, sufficiently indicate the remedial sphere of this substance in cases of this kind.

Fatty degeneration of the arteries, a condition which may be primary, or occur secondarily to endo-arteritis, is also one excited by the action of *phosphorus*.

Changes such as these, occurring as they do as the result of imperfect nutrition either in prematurely worn out constitutions or in persons of advanced life, are such as can scarcely be regarded as within the range of cure. But the administration of *phosphorus* in them does unquestionably afford an amount of relief which no other medicine, *arsenic* perhaps excepted, will afford. It may be that you will occasionally do more than this, as the following case, related by Dr. Lade in his book entitled *The Heart and its Troubles*, shows to be possible:—

The patient was a married lady, 54 years of age, who had been an invalid and under medical care for about two years when

Dr. Lade first saw her. She was a well-formed woman, rather above the average height, fairly plump in person, but not at all approaching to corpulence. Her muscles were soft and flabby. She could walk pretty well for a short distance on level ground if she went at a moderate speed, but going upstairs was a task of much difficulty, owing to palpitation and breathlessness. Excitement of every kind caused palpitation, shortness of breath, and faintness. Occasionally, during the night, distressing dyspnœa would come on suddenly, and force her to sit up in bed; this usually yielded to small quantities of brandy. Her heart beat feebly and intermittingly. Its sounds were indistinct and sometimes hardly audible. The pulse was feeble, slow, soft and intermittent. The bowels somewhat sluggish. Urine contained oxalate of lime. The tongue had a brownish fur on its posterior half, the anterior half being clean and slightly livid. The appetite was moderate. She was very abstemious, took no malt liquors or spirits and very little wine. In each cornea there was a broad and well-defined *arcus senilis*. Together with some dietetic directions Dr. Lade ordered *phosphorus* 4x, one drop twice or three times a-day. With such intermissions as other illnesses rendered necessary this medicine was continued for eight months. By this time the heart's action had become regular and its sounds more distinct and normal; the pulse was regular and firm; the breathing had become natural and was unaffected either at night or when going up stairs with ordinary precautions; the *arcus senilis* had disappeared, leaving the cornea clear and transparent throughout; while the subcutaneous adipose tissue was sensibly reduced.

Among diseases of the liver that to which *phosphorus* is most strikingly homœopathic is acute yellow atrophy. The jaundice, primary swelling and secondary atrophy of the liver, the delirium, cachexia, splenic enlargement, albuminuria, and diarrhœa characteristic of this rapidly and so far uniformly fatal disease are all equally well marked features of *phosphorus* poisoning. It is in the first stage only that we can ever hope to cure such a disease, inasmuch as its second is simply one of destruction of the hepatic cells. This first stage is one of diffuse inflammation, an infiltration of the hepatic parenchyma with albuminous matter. Here *phosphorus* ought to render essential service in promoting recovery. This morbid state is one which, as Frerichs has observed, occurs "after violent mental emotions, when the disordered innervation appears to induce the disease; in the next place, it is particularly frequent in pregnant females; and, lastly, it occurs in blood poisonings resulting from typhus, pyæmia and allied processes. Graves and

Budd," he adds, "have observed symptoms indicative of a diffuse inflammation of the liver-tumefaction, and tenderness of the gland, jaundice, &c., soon after the appearance of the eruption of scarlet fever."—*Clinical Lectures on the Liver, Syd. Soc. vol. ii. p.* 9.

I once saw a case that struck me as being one of this kind in a child about eleven years of age. He became jaundiced suddenly, the liver, always abnormally large, was still further increased in size, and now tender to the touch; without being absolutely delirious, there was a great deal of wandering and muttering, from which, however, he could be easily roused. The yellow tint of the skin had an unusual duskiness about it, and there was a whitish diarrhœa. There was something about the child that appeared to me to indicate that it was not a *simple* jaundice that I had to deal with. Reflecting upon the possibility, and as I indeed thought the probability, of its being of the malignant form, I prescribed *phosphorus* 3x in drop doses, at short intervals, and with the best results, for in two or three days he was practically well. Whether this would have turned out what I expected that it would do I fortunately had no means of ascertaining. But of this I feel sure, that if acute yellow atrophy is ever to be cured by medicine, that medicine is *phosphorus*. Dr. Bayes (*Applied Homœopathy*, p. 136) notes the occurrence in his practice of a case of fatty degeneration of the liver in which he prescribed *phosphorus*, "when not only all the usual signs of the disease were present, but when large petechial spots, the size of a five-shilling piece, appeared on the arms and some other parts of the body. The improvement in the patient's health and condition in a week were most marked and resulted in a steady and rapid progress towards recovery."

Then again, Wegner's observation of the state of the liver in chronic poisoning would lead one to prescribe it in chronic induration and also in cirrhosis.

Thirdly, in some instances of fatty liver it will be found useful, that is to say in those forms in which "the fatty degeneration must be regarded as resulting from a deranged nutrition of the secreting cells. The appearance of the fat is here preceded by an infiltration of the cells with an abnormal plasma, or by some other derangement of their nutrition, which gives rise to a retrograde development, and to the transformation of the cell contents into fat. When this process has terminated, the cells almost always

lose their secreting functions."—(*Frerich's op. cit.*, vol. i., p. 301.) I do not see any reason to suppose that it will be of any value as a remedy in those cases (and they are the majority) where the liver has become a temporary reservoir for the surplus fat which has been absorbed.

The enlargement of the spleen, which is one of the pathogenetic effects of *phosphorus* is, as it is when it arises as a disease, dependent upon, or at any rate associated with, other morbid states, such as that presenting itself in the liver, and those which resemble certain stages of typhus or yellow fever. When splenic enlargement occurs in the course of typhus or typhoid, its existence will form an additional indication for the use of *phosphorus*.

In my last lecture I drew your attention to a case where the kidney was especially influenced by this poison. It is similarly affected in the majority of cases. In some there is considerable acute pain in the renal region. In nearly all the urine is albuminous, in many granular casts, blood corpuscles, and in some hyaline cylinders, leucine and tyrosin are present.

Such conditions as these form a tolerably constant part of acute yellow atrophy of the liver, and their production by *phosphorus* renders this substance still more completely homœopathic to that disease. But they also resemble and homœopathically indicate *phosphorus* as a remedial agent in certain cases of Bright's disease. These are the idiopathic, acute nephritis, as it occurs in persons whose constitutions have been undermined by excesses of one kind or another, or by fevers contracted in hot climates; and the contracted granular kidney, or chronic interstitial nephritis. In this latter form the morbid process resembles in many cases that which takes place in acute yellow atrophy of the liver. The kidney is first of all enlarged, is the seat of fatty degeneration, and then of atrophy. Some observers indeed have maintained that the ultimate wasting is *always* preceded by enlargement and fatty degeneration. This, however, is very doubtful, but that it frequently takes place is certain. In the earlier history of such cases, *phosphorus* should generally be prescribed, while carbonate of lead is probably better indicated when it is more advanced.

The kind of action exhibited by *phosphorus* on the tissues and glands of the stomach I considered somewhat fully in my last lecture. Before proceeding to point out the thera-

peutic lessons taught by it, let me draw your attention to a few of the most prominent of the subjective phenomena it gives rise to in the gastro-intestinal tract. The tongue is rather red, dry, burning, and swollen, or loaded with a white, grey, or dirty-yellow fur; the breath is offensive; the buccal cavity either blistered, or raw and sore, and exhibiting blood erosions; the mouth is dry, and thirst is great; in some cases salivation occurs,, the saliva tasting bitter, or like soapsuds; food tastes bitter, or saltish and bitter; the throat is raw, scraping and burning; burning pain extends throughout the œsophagus, and deglutition is difficult. When taking small doses for the purpose of experiment, the appetite is at first ravenous, while the smallest quantity of food will often produce vomiting, notwithstanding the desire for it. When the dose is somewhat large, and still more so as it is increased in size, the appetite is entirely lost. Eructations, bitter tasting of food or of rotten eggs, or acrid, and with great prostration, are also present, together with hiccough and heartburn. Nausea and qualmishness are followed by vomiting and retching. The matters vomited are at first food, subsequently watery fluid containing mucus and epithelium, and afterwards either nearly pure blood, or dark grumous coffee ground coloured matter, which under the microscope has shown, in addition to mis-shapen blood corpuscles, globules mixed with it. There are also great flatulent distension and pain. This latter is for the most part violent and burning, and greatly increased on pressure, however slight, and is most marked in the region of the pylorus. The sense of pressure internally is also considerable, and there is a great deal of griping. The abdomen is also largely distended with flatulence, and is the seat of colic and griping pains. In many the pain is extremely acute. Irritation in the rectum is excessive. Hæmorrhoids bleed readily and profusely. Stools are frequent, loose, painful, involuntary and prostrating, and often contain mucus and blood.

Together with these symptoms the general cachectic and anæmic appearance, the feeble pulse, and thorough prostration of the subjects of them must be remembered. Such symptoms, and, to a certain extent, this condition, would at first sight suggest as their cause a severe gastro-enteritis and dysentery. But the general cachexia which is so marked a feature in the severe forms of *phosphorus* poisoning, and still more emphatically the *post mortem* exami-

nations which are recorded show that, gastro-enteritis though there be, it is dependent not merely on inflammation of the mucous surfaces extending to the textures underlying them, but to a process of degeneration in the glandular substance and thickening of the tissues beneath the mucous membrane.

What then do we find? The mucous membrane is thickened and indurated; on the summit of its natural folds are flat pit-like ulcers with dirty-brown margins and floor. The slight submucous connective tissue is hypertrophied; the glands which have been enlarged and changed into fat globules are withered. Pain, vomiting of coffee-ground coloured matter or blood, with pressure and flatulent distension, arise from those deviations from health of which this condition is the consequence.

Simple degenerative changes in the mucous membrane consist for the most part of wasting of the glands, and fatty degeneration—the gastro-adenitis of Virchow—with either atrophy, or increased development of fibroid tissue in the mucous membrane, and not unfrequently terminate in ulceration. Such as are malignant are the scirrhus, colloid and encephaloid forms of cancer. In the first and third of these varieties, the *post-mortem* appearances bear a strong resemblance to those produced by *phosphorus* poisoning, while the coffee-ground vomiting, and the pains characteristic of cancer are also conspicuous as effects of this drug.

It is then in gastritis, where the cachectic appearance renders the existence of degenerative changes highly probable, and in ulceration that you will find *phosphorus* indicated. Whether such changes are simple or malignant you may not always be able to satisfy yourself. But be not debarred from using it because there is reason to suspect that they are cancerous. We have seen that there is some reason to hope that encephaloid disease may be under the control of this drug, and hopeless and apparently impossible of cure, as cancer of the stomach may be, we must ever search for and test the value of substances the action of which is more or less similar to that of malignant disease.

As an illustration of the advantage of doing so I give the following abstract of a case reported by Dr. Bolle, of Paderborn, in the *Allgemeine Homöopathische Zeitung*, Bd. 46, a translation of which will be found in the *British Journal of Homœopathy*, vol. vii., p. 178, (1854).

The patient was a robust, muscular man, 60 years of age, in easy circumstances; living on his estate, and fond of field sports, he led an active, healthy kind of life. Dr. Bolle, who was his family physician, knew nothing of homœopathy at the time he was first consulted. When first seen he had been suffering for some time from diminished appetite; food oppressed the stomach and caused eructations; the bowels were costive, the tongue was furred, the epigastrium was tender to the pressure; there was a constant feeling of fulness, discomfort and heartburn. He was much thinner than usual. Dr. Bolle prescribed, *secundum artem*, for six months, the patient growing worse every day. A consultation was now held with the district physician, and the treatment adopted had no better results. In the course of two or three months more, he was emaciated to a skeleton, could scarcely crawl about; his complexion was earthy; vomiting occurred after everything he took into his stomach, though it was only a mouthful of water. Almost every time he vomited he ejected large quantities of a sour, fetid fluid, which had a vast resemblance to a mixture of water, milk and coffee grounds. The tongue was dry and covered with a thick yellow coating; thirst; no appetite; constant nausea; fulness and tenderness of the stomach; sometimes a fine smarting and throbbing in the scrobiculus cordis; the abdomen was drawn in; constipation almost insuperable; the fæces hard, and in small blackish brown knots. He had been in this state for some time, when he proposed to Dr. Bolle that he should "try homœopathy," as he was quite sure that, if he went on at this rate much longer, he would soon be in his grave. To this Dr. Bolle readily consented, and propped up with pillows he was conveyed to Hildesheim in a carriage, to be under the care of Dr. Nicol of that town.

About six weeks afterwards the patient called on Dr. Bolle, with "his double-barrelled gun slung over his shoulder, a short pipe in his mouth, and from his game bag the legs of sundry hares peeped out, whilst a brace of partridges hung outside. His joyous eyes sparkled over his plump red cheeks, his limbs were well filled out and athletic, his whole air and bearing were youthful and full of elasticity." Seeing such results in a case so apparently hopeless, one in which both Dr. Bolle and his colleague, the district physician, had not hesitated to regard as true cancer, Dr. B. at once resorted to Dr. Nicol for instruction in homœopathy, and has since that time practised homœopathically. The medicine given by Dr. Nicol was *phosphorus*.

The patient remained well for a year and a half, when he again lost his appetite, the tongue became furred, aphthæ appeared, sour eructations and nausea, with fulness in the stomach were felt; and vomiting of food and constipation again

made their appearance. Dr. Nicol's advice was again sought by letter, but the remedies sent did no good. After a time the condition was as follows :—"Face pale and features sunken, remarkable emaciation, melancholy, constantly drowsy and half asleep, frequent sour eructations, vomiting after every meal. In addition to the food there is ejected a sour, fetid fluid, of a *dirty blackish-brown colour, as if mixed with coffee grounds.* Even after a *tablespoonful of water* this ominous substance (to the extent of six or eight ounces) took place before my eyes in about five minutes after it had been swallowed. Tongue white, thickly furred, no appetite, uneasiness and fulness in the abdomen above the navel, frequent shrill, rattling and rumbling in the bowels; with sunken-in abdomen a circumscribed hardness can be felt; very obstinate constipation; stools dry, hard, very dark; urine scanty, dark red-brown or reddish, with a copious reddish or yellowish-red sediment. On turning in bed he has a momentary pain, sometimes shooting rapidly from the small of the back through the whole legs; frequent yawning. After yawning there was some alleviation of the sick feeling above the umbilicus." During the next three days Dr. B. prescribed *nux vomica*, but without any alteration for the better taking place; indeed, he was rather worse. He then gave him *phosphorus* 3, putting a small dose in sugar of milk on the tongue. Within five minutes the patient said 'that has done me good, but,' he continued, 'do you know what taste that powder has?' 'Sugar of milk of course,' was the reply. 'No,' he said; 'it tastes just like rat poison smells.' From that hour the vomiting and the sick feeling in the stomach ceased; the bowels were relieved naturally on the following day; nausea was gone; the soup agreed and was greatly relished. In a week no trace of his illness remained, and his strength has rapidly recovered. Four years later, when Dr. Bolle published his report of this case, he says 'since then he has continued to feel as well as ever he did.'"

That this case presented all the indications of degenerative changes in the stomach, there can, I think, be no doubt. What was the precise nature of these changes cannot, however, be certainly known. In the opinion of three physicians, who saw the patient, they were of a cancerous order, and had he died his death would have been registered as having arisen from *carcinoma ventriculi.* He lived, and, in the absence of a *post mortem*, the diagnosis cannot be "confirmed." But his recovery carries with it the lesson that in a case presenting such symptoms, whether regarded as cancer or not, and however serious and hopeless our prognosis may be, we ought not to leave such a patient without *phosphorus*—a drug, the effects of which on healthy

persons are so very similar to those which it cured in this case.

In the treatment of diarrhœa and dysentery *phosphorus* is eminently useful when either condition presents itself in tubercular subjects, or persons whose constitutions have been enfeebled by long continued or exhausting disease. Dr. Proctor, of Birkenhead, in giving an account of his experience during an epidemic of cholera in Liverpool, says (*Brit. Journ. Hom.* vol. xxv., p. 95) that it "was of great use in arresting the drain of brownish fluid from the bowels after the other symptoms were removed. It was given in the first dilution."

The well known and thoroughly described action of *phosphorus* upon bone, and especially upon the bones of the face, would, one would have supposed, have led to its use in such cases as caries of the superior and inferior maxillæ very frequently. Thoroughly well indicated here as it is, I cannot find one instance recorded where it has been even tried. Probably this has arisen from the fact that such cases usually fall into the hands of surgeons with whom the single remedy is the bistoury, and to whom the *éclat* of so formidable an operation as the removal of the upper or lower jaw is too irresistible to enable them to test the power of medicinal means. Nevertheless, given a case of carious disease of these bones, I believe that it is our duty to test the power of *phosphorus* in controlling or removing it.

In rickets also, where *calcarea carbonica* and *silicea* have been much more frequently prescribed, *phosphorus* is, as the experiments of Wegner have shown, truly homœopathic. Thus, as a conclusion from some of them, he writes:—

"Under the simultaneous influence of feeding with *phosphorus*, and of the deprivation of the anorganic substances, especially of lime, the mode of growth of bones is altered so as exactly to correspond to what we are accustomed to call rachitis. As an example, I made a section of the upper extremity of the tibia of a normal dog, and compared it with a similar section of the tibia of a young dog fed as above. In that of the young dog thus fed we see a translucent hypertrophied cartilaginous mass, traversed by numerous broad medullary spaces; running into this, is the zone of calcareous infiltration, in itself very imperfect, and composed of irregular nodulatory spicula; the cartilaginous mass itself is extraordinarily high, and of a gelatinous consistence. At the spot where well developed coarsely reticulated, cancellated, osseous substance should be formed, there exists a very extraordinarily dense osteoid tissue; the microscopical examination

shows us the more minute structure, and how all these processes planlessly run into one another—in one word we have an exact picture of rachitis."—*Op. Cit.*, p. 59.

In the cerebro-spinal sphere, *post mortem* examinations, and the symptoms derived from provers give several indications for the use of *phosphorus* in diseases both of brain and spine, of which exhaustion of nervous power is a characteristic feature. In one of the cases I related in my last lecture, where the brain was especially affected, it was found after death to be bloodless and softer than natural, the ventricles containing a *minimum* of fluid and the sinuses to be distended with dark fluid blood. Dr. Arnold, of Heidelberg, in his experiments on animals, constantly observed softening of the central parts of the nervous system.

Softening arises either from an atheromatous state of the vessels, an embolon, or a thrombus, and doubtless also from chronic anæmia. To softening, as a consequence of disease of the vessels, as well as to such as may be supposed to have taken place from anæmia, *phosphorus* is homœopathic. Dr. Arnold * narrates the particulars of a case which had been diagnosed, as incurable softening, that came under his care, after well marked indications of disease had existed for a year, the patient being a man forty years of age, whose nerve power had always been below par, and had failed, especially since his marriage ten years previously. He was nearly completely paralysed on the left side, and somewhat also in the face and tongue, his speech, too, was somewhat difficult. He complained of paroxysms of vertigo, dulness of the head, the faculty of thinking was imperfect, as was also his memory. The right side could be moved, but he never felt safe in his movements. He was a picture of lassitude and powerlessness. His power of vision, too, had diminished. Dr. Arnold gave him ten drops twice a-day of the 2nd dec. dilution of *phosphorus*. Marked improvement, especially in his power of control over the right side, was manifest in a fortnight. Within two months he was able to walk about in his garden without support. All medicine was now omitted, and four months later, though not entirely cured, he was comfortable and satisfied with his condition of health.

* The full details of this and another case of a somewhat similar kind will be found in the *Homœopathic Review*, vol. xxv., p. 660, translated by Dr. Lilienthal, of New York.

Whatever may have been the nature of the lesion in this case the symptomatic indications were precisely those which are best met by *phosphorus*. Thus it gives rise to a marked apathy, the movement is slow, spirits are depressed, there is great disinclination to all employment; anxiety, restlessness and irritability are present; mental power is diminished. The head feels confused, vertigo is a very constant symptom and is relieved by lying down, but returns on making any effort to rise. During the experiments of Dr. Sorge, dull pain in the head was felt and described as "like that coming on after studying too much." The same prover describes also a sensation of heaviness in the head, extending to the eyeballs, as if the head were drawn forward by a weight, with a feeling of fulness in the head and face. All being aggravated by study. Mental application while taking *phosphorus* induced headache. Dull, pressive and burning pains are felt in the forehead and temples, tearing and stitch-like pains in the parietal region, and dull aching weight in the occiput with throbbing. Dr. Hirsch, of Prague (*Allgem. Hom. Zeit.*, vol. lxxiii, and *British Journal Homœopathy*, vol. xxv., p. 267), mentions a case where the rubbing of *phosphorus* into the spine was followed by violent headaches, chiefly affecting the right side of the head, accompanied by a sensation of the skull bursting and occasionally of severe blows and jerks in the head.

It is in persons who are suffering from the exhaustion of mental work, or from that produced by sexual excesses, or masturbation, that you will meet with headache having symptoms such as these, and in its treatment you will find *phosphorus* of great service.

Again, in some cases of neuralgia, *phosphorus* is the remedy *par excellence*. Where it is so the patients are persons suffering from the effects of causes of nervous exhaustion. The face is pale, the countenance expressive of unusual distress, the pain in the face is burning and tearing in character, the teeth are often painful and the gums are swollen. The pain extends back to the head, and is especially acute over the right temporal and parietal regions. Very generally, too, there is pain in the right eyeball of a sticking character.

Some few years ago, attention was drawn by the late Mr. Bradley, of Manchester, to a case of neuralgia that, after resisting the resources of traditional medicine, had

yielded to *phosphorus* prescribed by a homœopathic practitioner. Thereupon most sufferers from neuralgia were ordered *phosphorus!* Mr. Ashburton Thompson wrote a book on the preparation and therapeutics of *phosphorus* in general and its power to cure neuralgia in particular. He, however, gives no sort of indication as to when, under what circumstances, or in what form of neuralgia it should be prescribed. Hence, it is no cause for surprise that, since the publication of Mr. Thompson's essay, in 1874, nothing has appeared in any of the medical journals to confirm the views he then expressed, or that in the latest work on the *Practice of Medicine*, that by Dr. Bristowe, *phosphorus* is merely mentioned as one of a dozen drugs with which we may "deal" with neuralgia "empirically."

The thirty-second volume of the *British Journal of Homœopathy* contains a very interesting and instructive paper on the influence of *phosphorus* over this painful disease, with several striking illustrations of its power, drawn from various sources in homœopathic medical literature.

Besides the kind of facial neuralgia to which I have referred *phosphorus* is indicated in coccycodinia, and more rarely in sciatica. In the latter instance, the pain in thigh is tearing, jerking, and appears in flashes, as it were, while the subjects of it are of the same constitutional type as those in whom the facial neuralgia to which it is homœopathic occurs. In endeavouring to ascertain the kind of spinal disease of which *phosphorus* is remedial, *post mortem* examinations give but little aid. In one case of poisoning, and, so far as I am aware, in one only, has the state of the spinal cord been investigated. This was reported in the Russian *Medicinische Zeitung*, of 1850, when spinal arachnitis and partial softening of the cord are stated to have been found. Dr. W. Arnold, of Heidelberg, as I said a few minutes ago, observed softening of the nervous centres in his experiments with *phosphorus* upon the lower animals, but he found this condition less marked in the cord than in the brain.

Professor Mayer (*Schmidt's Jahrbücher*, 1861, Bd. cix., p. 172) concludes, from a series of experiments on dogs, rabbits, &c., that "*phosphorus* acts specifically on the nerves of voluntary motion, and on the muscles themselves. It impedes, diminishes, and at last entirely destroys the power of movement, or rather it destroys the irritability of the

motor nerves, the contractibility of the muscular fibres, and at last completely paralyses the powers."

So far as they go, these observations tend to show that *phosphorus* produces the same kind of degeneration of tissue in the nervous centres that it does in other structures.

The various forms of spinal paralysis have now been traced to alterations in one or other of the component parts of the cord with so much minuteness of observation that a general statement of softening of the spinal cord does not enable us to see in it any analogy to any one or two forms of paralysis. We must therefore be guided still in our selection of this drug in cases of the kind by the symptoms of the particular instance before us. And here I would remark that we must take into special consideration the general as well as the local symptoms. Thus, great anæmia, prostration, a haggard and worn appearance, a feeble pulse, and similar indications characteristic of the action of this drug upon previously healthy persons will often, *cæteris paribus*, guide you to it as a medicine likely to be of service. The direct indications of the power of *phosphorus* to induce spinal disease are fairly well marked. To a few of them I will now direct your attention.

The spinous processes of the upper dorsal vertebræ are exceedingly sensitive to pressure, with pain extending across the upper and posterior muscles of the chest to the arms, aggravated by lifting. Burning pain in the interval between the scapulæ. Tremulous sensation in the lower part of the spine. Great nervous sensitiveness associated with weakness, felt most severely in the lower portion of the spine, the last lumbar vertebræ, and the sacrum; very slight exertion caused fatigue, the carrying of a small basket inducing pain along the whole back. Stitches in the lumbar vertebræ. Pain in the upper part of the sacrum, like that caused by lifting a heavy weight, when standing or walking, especially when standing on one foot, or by bending towards one side; pressure on the spinous processes of the last two lumbar vertebræ and of the neighbouring parts caused a sensation of numbness and rigidity in both feet. Pain in the coccyx, like that proceeding from an ulcer. In one of Mankopfi's cases the extremities felt heavy as lead, and were at last paralyzed, the muscles being painful. Cramps and twitchings, easily excited by touching, were commonly observed in the extremites. Crawling and numbness remained in the limbs for a long time after Sorge's experiments. Stiffness, heaviness, numbness, and anæsthesia, and in some cases powerlessness, have been observed in the upper extremities, but especially in the *right* arm. In several instances the

hands have become paralyzed. In the lower extremities there is a marked degree of hyperæsthesia, associated with a loss of motor power both in the thigh and leg. A great sense of heaviness in the feet, frequent stumbling in walking. Sensation of paralysis, with numbness all over.

Besides these symptoms, which have been noted in different cases of experiment with *phosphorus*, you will recall the case of poisoning published by Dr. Gallavardin, which I narrated at the close of my last lecture.

As further assisting you to recognise the kind of paralysis in which this medicine will prove useful, I will make a brief abstract of two cases where its use was followed by cure. The first is reported by the late Dr. Trinks, of Dresden, in the *Homöopathische Vierteljahrschrip*, and reproduced in the *Brit. Journ. of Hom.*, vol. xix., p. 315.

The patient was a strong, well-built man, who in 1857 had had hepatitis, and in September, 1858, typhoid fever. In October, when Dr. Trinks saw him, the following symptoms were present. Without any spinal tenderness there was complete anæsthesia of the upper extremities as far as the elbows, and in the lower up to the glutæi, which came on progressively, first in the fingers and toes and then in the hands and feet, and so on. At the same time, the capacity for movement was lost, he could just grasp large objects with his fingers, but could not hold them fast. He could just sit on the bed or a chair, but on attempting to stand, his knees bent under him, and he had to be held upright. Walking or stepping out with his feet was quite impossible. In sitting, he could still move them a little, but could not keep them stretched out. The muscles of all the extremities had become flaccid, losing all firmness and tone; they were atrophied. The temperature of the limbs was unaltered. With the exception of constipation, requiring cold water enemas, and some loss of control on the part of the sphincter of the bladder, he was in excellent health. The functions of the brain were unimpaired. Dr. Trinks regarded the condition which gave rise to these symptoms as a *reliquium* of the typhoid fever having its seat in the medulla spinalis. For two months he took twice a day 3 drops of the 2nd decimal dilution of *phosphorus*. The disease retreated as it had advanced; at first sensation returned gradually in the upper and lower extremities, the strength and motive power of the muscles was restored, and they soon regained their natural bulk, tone and firmness. He was within three months perfectly well, and remained so, being able to walk considerable distances without unusual fatigue.

The second case to which I wish to draw your attention is a well marked specimen of Duchenne's pseudo-hyper-

trophic paralysis, reported by Dr. Clifton, of Northampton, in the *Brit. Journ. of Hom.*, vol. xxxvi., p. 127. I give but the salient features of Dr. Clifton's record:—

The patient was a girl 18 years of age, who, a year previously, had noticed purple spots the size of a shilling on her legs and felt very weak. She bathed her legs with cold water for several days with relief, but at the next period the discharge only lasted a few hours and was pale and slight. She became weaker, lost her appetite, had headache and palpitation of the heart. Was obliged to give up her situation as a servant, and go into the County hospital, which she left unimproved. When she came under Dr. Clifton's care, it was with great difficulty that she could walk a few yards; when doing so her shoulders are thrown backwards, the abdomen prominently forward, the legs separated, she waddles in a side-to-side manner, it is with difficulty she can even stand, as her legs feel as if they will give way except when widely separated. She cannot rise from a chair without assistance. Complains of numbness and pins and needles in the lower extremities; in the upper, no pain but some stiffness. She can grasp an object with her hand for a few minutes, but cannot retain the grasp longer. Her face is pale and anæmic. Appetite poor. Bowels act every third or fourth day. Catamenia delayed, scanty, pale. Urine normal. No vertigo, headache or defective vision. When standing there is a deep anterior curve of the lumbar vertebræ, much diminished when in the prone position. Glutæi muscles firm, hard, and somewhat enlarged, as also are the oblique abdominal muscles. The muscles of the upper arm are enlarged, firm and hard, the right arm across the centre of the biceps measures, when extended, 9¾ inches in circumference, the left 9¼; the forearms are normal. The muscles of the thigh are much larger and harder than normal. The circumference at the middle of the right thigh is 19¾ inches, the left 19¼; the right calf 14½, the left 14¼.

Dr. Clifton also found that as a child she had been subject to frequent violent attacks of epistaxis, diarrhœa or rather lienteria, and sometimes a profuse flow of urine; her growth between twelve and fifteen had been very rapid, causing weakness and fainting. Three drops of *phosphorus* 3x were ordered to be taken three times a day. In a month she was stronger, and the stiffness in the upper and lower extremities had diminished. This medicine was persevered with for fourteen months, when she was able to walk into Northampton from her home in a village two miles distant. She was now able to do household work, her appetite was good, catamenia regular and healthy, complexion rather pale, but otherwise healthy. The muscles of both arms and legs are much smaller and less hard, but on

walking her shoulders are still thrown somewhat backwards, owing to the anterior curve in the lumbar region. The course which her improvement took was the reverse of that of the disease. The arms were the first to be relieved, then the numbness and pins and needles sensation in the legs, then the weakness of the legs, next the walking powers, followed by diminution of the enlargement and hardness of the muscles, and finally her general health and strength.

It was in 1877 when the patient was under Dr. Clifton's care. He has lately told me that he saw her in 1882, and that, with the exception of a slight spinal curvature, she had remained perfectly well.

This case is one of great importance. It was undoubtedly one of pseudo-hypertrophia paralysis in the commencement of the second stage. The disease was cured, and is probably the only case of cure in the second stage on record. The fullest and clearest account of this pseudo-paralysis you will find in Dr. Ross's *Treatise on Diseases of the Nervous System*, one of the most exhaustive works on this class of diseases, and, I might also add, of any other class in the English language. Referring to its prognosis, Dr. Ross says:—

"In two cases under the care of Duchenne, the disease was arrested in its first stage by treatment (chiefly the faradic current). This shows that the prognosis is not absolutely hopeless. When, however, the second period, or that of apparent hypertrophy of the muscles has set in, the case is in all probability beyond the reach of treatment, and it is still more surely progressive and fatal in the period of atrophy."

Dr. Ross, I should add, mentions *phosphorus* as one of the "so-called tonics" which "may be tried."

This is perhaps the most convenient place in which to refer briefly to the action of *phosphorus* on the eyeball. In one case of poisoning, of which I gave you the details in my last lecture, darting pains in the eyeball were complained of and at the same time almost total bindness. In Dr. Holcombe's experiments, he felt a deep seated pain in the eyeball, and flashes of pain in the upper part of the orbit. One of Hahnemann's provers described a tension in the eyeball as one of the results of his experiments. In several cases of poisoning, vision has either been extinguished or rendered very imperfect. In one, where the pupils were dilated and insensible to light, the patient complained of the blinding effect of light, although in a darkened room.

These and many similar symptoms have directed attention to it in glaucoma; and in the early stages of the acute form of the disease it has been used with advantage, while Dr. Norton, of the New York Homœopathic Ophthalmic Hospital, describes it as "valuable in clearing up the vision and relieving many subjective symptoms in old cases of glaucoma after an iridectomy has been made." It is also a suitable medicine in tobacco amaurosis. Again it is, as the symptoms I have given would suggest, useful in some cases of retinitis.

The well known and powerful action of *phosphorus* on the sexual organs may be utilised in some cases. There is first great excitement, amounting indeed to satyriasis, followed by irritability with weakness. This is the history of many cases of impotence. Irresistible sexual impulse has been fed by indulgence, and has resulted in the existence of desire with a loss of power to gratify it. The penis is weak and flaccid, emissions are frequent but imperfect. Absence of, or very imperfect, erections, with inward sexual desire, has been the characteristic feature of the kind of cases of impotence in which I have seen *phosphorus* do good.

The dose in which *phosphorus* will best exert its remedial influence cannot be stated dogmatically. But there is a very general *consensus* of opinion amongst those who have prescribed it frequently, that the 3rd decimal or 3rd centesimal is sufficiently active, without, save in very exceptional instances producing any aggravation.

Tunbridge Wells,
August 3, 1883.

BOVISTA IN RELATION TO PAR-OVARIAN CYST.*

By S. H. Blake, M.R.S.L.

In the treatment of the case which I now bring before your notice there are two questions which present themselves, viz.:—1st. Whether the medicine now being employed should be continued any longer? 2nd. If continued, what attenuation of the *bovista* should be next employed? You will perhaps remember that two cases of this complaint have been reported as possible or probable instances of cure by *bovista*, one case by Dr. Hawkes and another by Dr. E. Madden. Though this remedy had been brought forward

* Read before the Liverpool Medico-Chirurgical Society.

previous to this I am not aware of any other instances of its use having been recorded.

The two cases reported are, one by Dr. Hawkes, in the modern Organon of Dr. Skinner, the other by Dr. Madden, in the *Homœopathic Review*, and there appears, at all events, on reading these cases that, so far as the evidence on record leads us, there seems a very fair chance that administration of the medicine *bovista* should have the credit for the return to health.

Now, the notes of the case I shall give present some particulars of importance, more especially as regards the exact alteration of the bulk of the patient's abdomen as measured every week over a considerable number of months. There is a list of these measurements and changes of weight from time to time, and you will observe therein how very inconsiderable is the alteration in girth between the time when the patient first began treatment and the present time, during the whole period she has been under treatment by *bovista* in varying dilutions.

As regards diagnosis, this was first made out by her professional attendant in Manchester, who, being a man of liberal mind, on hearing that a medicine was worth a trial, said he would be only too pleased if homœopathy could do anything for her, indeed, after my treatment had been going on some time, and a slight decrease in size resulted, he strongly advised her to continue, inasmuch as he believed that the medicine must have had something to do with the staying of the growth, for otherwise it would, as one would expect, have continued to increase in a marked degree. The case was intended for operation before reaching me, and my own examination was followed by the same diagnosis and views as necessity for operation. The chief reason why the case did not go at once into hospital for this purpose was that at that time the hospital chosen was undergoing repairs, &c., and patients could not be admitted for some weeks, which gave a good opportunity to try homœopathy, and this enabled me to make trial without incurring any feeling of dissatisfaction from delay in case of failure. The enlargement was considerable, occupying the greater part of the abdomen, and had become uniformly spread over central parts and upwards to the epigastrium. The notes of the case run as follows:—

The history of the case began on 21st August, 1882, and *bovista* 1x was ordered as a commencement. By the 22nd

September a favourable report was made, the patient reporting a decrease in size; she came over to Liverpool from Manchester, and I was able to see the case for myself on the 29th September, when I was able to verify the previous diagnosis; the medicine was continued, and measurements continued to be taken. On October 20th patient reported that the medicine obtained in Liverpool had a less strong taste with it than that bought in Manchester; ordered her to get a fresh supply from Manchester. Since the time of the examination have only seen the patient once, and the reports by measurement and weight form the best clue as to the effects of the treatment.

At November 23rd the concentration of the medicine was increased, the mother tincture being substituted. December 20th the report was only a slight decrease in size; medicine continued. The 30th March, 1883, the medicine having only been omitted for one week, she reports rather thinner in person generally, that her total weight had made a small increase from 8-stone 1 lb., which was her weight on 30th January, to 8-stone 2 lbs. on 28th March. The most significant item in the notes of this case is the gradual increase of the weight, and apparently an unremitting increase from 7-stone 5 lbs. at the end of August, 1882, to 8-stone 2 lb. at the end of March, 1883. If we compare this fact with the fact that the measurements taken in general, although frequently fluctuating, and undergoing at first a slight diminution, presented no notable increase from beginning to end, there will arise the question as to whether the increase of weight has been due to increase of fluid in the cyst, or to increase in the gross weight of the body; but considering that she considers herself thinner than when she first consulted me, this would incline one to take the increase of weight as a sign of an increase in the bulk of the tumour, the alterations in bulk are so slight, though variable, that they are hardly worth comment, an inch or two being the extreme of variation at different times; but the most promising changes were the slight lessenings in bulk during the first week of treatment under the 1x. dilution.

Remarks on the Homœopathic Therapeutics.

The homœopathic treatment of par-ovarian cyst may be considered under the two heads partial and complete. Partial as referring exclusively to the phenomena resulting

as secondary pathological processes from the presence of a steadily increasing foreign growth, and under this heading we have few or no symptoms of the kind specified in the case before our notice, but such is not always the case. As an illustration of this I might instance a case of a boy in whom a gradually increasing solid and apparently sarcomatous tumour (as verified by *post mortem* examination) occupied a large part of the abdomen, and implicated by adhesions the intestinal walls, and produced various intestinal symptoms, changeable but chiefly of dysenteric character. These groups of symptoms were promptly removed by *arsenicum*, *mercurius cor.* and other medicines prescribed in accordance with their symptomatic correspondence at the time of the occurrence of these same symptoms, but it is notable that the *ars.* and *mer. cor.* having in their pathogenesy no evidence of the evolution of a sarcomatous tumour in a healthy person, as we should expect, failed to put a stop to this growth. In this way we see them cover a part only, namely, the secondarily produced phenomena of the pathology present, and being in part only I term this the partial application of the homœopathic principle highly valuable, perhaps not replaceable by other medicines, but valuable to this extent and no further. As to the complete application of homœopathy to such a pathology and its symptoms, the dealing with a tumour about commencing or already formed, with a medicine of pathogenesy in accordance therewith, we have not as yet much exact information from the Materia Medica; but as the complete includes also the partial, by exclusion, so by the use of a medicine capable of preventing the growth of the tumour itself, this would prevent by this very result the occurrence of the secondary order of phenomena before referred to which might have otherwise been induced by implication, and this one may term the most complete form of what we know as applied homœopathy. Yet the secondary symptoms may form a part of the clue to the primary lesion in pathogenesis alike as in pathology of disease. Now applying this mode of enquiry to the provings of *bovista* we find many symptoms somewhat suggestive of though not actually proving ovarian mischief as testified by a "sensation of constriction in the right groin relieved by stretching out the body. Pinching as with two fingers in right groin, and frequent sharp stitches in right groin, pains as if the bowels were suppurating from left to right, various kinds

of pains in the abdomen, profuse and early menses, and leucorrhœal discharge like white of egg, leucorrhœa after the menses. Some of these symptoms are of course more distant from the ovarian region, and may or may not be connected with the structures implicated in par-ovarian cyst. Possibly some of these may be the initial phenomena of par-ovarian inflammation; what they might further portend it would be impossible to say.

Whether these symptoms are sufficient to lead us to believe that *bovista* is homœopathically indicated for a cyst I must leave the reader to decide. Clearly, however, certain symptoms connected with this disease could be matched by the drug. Appended is the list of measurements taken in the case reported.

1882.—Measurement of Miss G.

Date.	Below Umbilicus. Inches.	Above Umbilicus. Inches.	Waist. Inches.	Weight. st. lb.
Aug. 30	34½	29	—	7 5
Sep. 6	33½	28½	—	—
,, 13	33¼	28¼	—	7 8
,, 20	33	27¾	26	—
,, 27	32¼	27	25¼	7 9
Oct. 4	32¼	27	25¼	—
,, 11	32	26¾	24½	7 10
,, 18	32¼	27½	25 Medicine obtained in Liverpool has no taste.	
,, 25	31¼	29	26½	—
,, 26	31	28	25¼	—
Nov. 1	32½	28	26 Ordered medicine to be obtained in Manchester, as at first.	
,, 8	32½	28	25	7 9
,, 15	33	28	25	—
Dec. 18	32	27	25	—
,, 20	32	27	34½	—
1883.				
Jan. 11	32	27	25	—
,, 18	32	27	25	—
,, 24	32	27	25	—
,, 30	32½	27	25	8 1
Feb. 8	32	27	24½	—
,, 14	32	27½	24½	—
,, 21	32¼	28	25	—
,, 28	32½	28	25	—
March 14	32½	27½	24½	—
,, 21	33	28	25	—
,, 28	33	29	26	—

N.B.—Since writing the above I have to report with

much regret the unhappy termination of the case in the Samaritan Hospital, London. The patient died the second day after operation for removal of the cyst towards the end of July last, 1883.

August 20th, 1883. S. H. BLAKE.

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

WHAT THEY MEAN, AND THEIR TREATMENT ACCORDING TO HOMŒOPATHIC PRINCIPLES.

By DR. MED. BERNHARD HIRSCHEL, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

PRIZE ESSAY.

Translated by THOMAS HAYLE, M.D., M.R.C.S., Edin.

FIRST SECTION.

Introduction.

Allopathy and Homœopathy in their difference with regard to the treatment of gastrodynia.

Literature of Homœopathy.

IF the principle has its value, that certainty and success in the treatment of diseases is in an inverse ratio with the number of medicines recommended against it,—and there are too many proofs of the truth of this assertion—we shall find in the extent of the allopathic apparatus for the cure of gastrodynia no blessing for humanity, nor any security for success in the treatment of this disease. And, in fact, if we have to deplore any absence of plan and counsel, any rude fumbling about, contentment with palliatives, catching at new improved medicines in the old school, it is true here. If the practical side in diagnostically fixed forms of disease often lies hid in night and obscurity how much more must this be the case here where the knowledge is so shaky and ideas are so confused and involved? Indeed the comfortlessness of diagnosis and pathology is only surpassed by the weakness of the apparatus for cure and of the treatment.

It is like the work of the daughters of Danaus, to look through the works of the authors of this old school in order to collect their teachings for practice. What is the outcome of this ant-like industry, of this reference to

authorities and their individual recommendations, as they follow one after the other in historical fashion? Nothing, but the mournful knowledge that to-day we must throw away what we learnt yesterday, and that only a few contemptible grains deserve to be picked out of these bushels, because they really promise, when transplanted into good ground, to bear fruit.

A comparison, however, of the medicines hitherto recommended in the old school cannot be avoided since it belongs to our task. 1st.—Because it completes the apprehension of gastrodynia on the side of allopathy; 2nd.—Because we thus become aware of the indications according to which the so styling itself rational school proceeds; 3rd.—Because we thus perceive whether the homœopaths have learnt anything from their mode of procedure—and because the contrast of the homœopathic school can thus pre-eminently be placed in full light. In what follows the reader is in possession of the allopathic mode of treatment of gastrodynia up to the present time. That we mention remedies according to the present as at the time of Galen in use, superficial and to a great degree useless, do-nothing classes is not our fault.

A.—Internal Medicines.

Here stand in the first place:—

1.—*Emetics.*—First, *ipecacuanha*, then *tartar emetic.*

2.—*Cathartics.*—Jos. Frank says, "*etsi periculo non vacant*"; Romberg gives a caution as to saline purgatives; Wunderlich, however, makes the great discovery, "a suitable laxans generally affords a passing relief against the most severe sufferings, but rarely for a length of time." On the contrary, I have always seen harm. Richter recommends *tart. tartar natronatus, boraxatus,* with sulphur, soap, gum-resins, senna, rhubarb, clysters to the bowels, &c. Leubuscher counsels on each attack to empty the bowels.

3.—*Demulcents.*—Warm water, milk, buttermilk, whey, *emulcio amygdalorum, ol. amygd., muc. g. arab., tragacanth, psylli* (flea-wort), *cydoniorum, siliquadulcis, flor. tiliæ, verbasci, primula veris, chenopod., ambros,* pills of *ice.*

4.—*Absorbentia et alcalina.*—*Magnesia, lap. cancrorum.* J. Frank justly adds that likewise the action externally is friendly to the nerves. He employs it consequently in children, hysterical and chlorotic women; compare also Vogel, Marteau. *Aqua calcis, conchæ præp., sapo, natr. carb.*

baryta, bolus armen, terra sigillata, &c. Carbo (Belloe gives good indications for it) sometimes with aromatics in combination, soda water, effervescent powders, *kali*, and *natrum* saturations, mineral waters as Ems, Karlsbad.

5.—*Acids.*— *Acid nitric, Elixir vitrioli, mynsichti, succus citri., mali punici, pulpa tamarindorum, cerasa acida siccata.*

6.—*Acria.*—*Conium maculatum, nasturtium, aquaticum, raphanus rusticanus, allium sativum, calendula off., ipecacuanha* in small doses. *Rheum.*

7.—*Æthereo-oleoso*, with a subdivision. *Carminatives, chamomilla, mentha, cinnamomum, marum, millefolium, sassafras, ol. cajeputi, terebinthina.*

8.—*Tonica amara.*—*Vinum medicatum*, or *simplex, acorus calamus, geum urbanum, quassia, cort aurant, columbo, trifolium, fibrinum, taraxacum, fumaria, gentiana, centaureum minus, fel tauri, cascarillæ, tct. rhei darelii*, and *china*, with the alcaloids.

9. — *Adstringentia.* — *Cortex* and *glandes quercini, omphalium*, from unripe olives and vines. *Salvia, absinthium.*

10.—*Nervine Excitantia.*—*Coffea, castoreum, moshus, camphora, æther sulphuric, liquor anodyn. min. Hoffmanni, naphten, ol. succini, ammonium-præparate*, cognac and rum (Leubuscher during the attacks). *Asafœtida, valeriana*, or the soothing medicines, narcotics. *Opium*, pre-eminently, *morphium*, (Riverius and Ettmüller recommend it in spasmodic constipation—a good homœopathic indication.) *aq. laurocerasi, hyoscyamus, stramonium, veratrin, chloroform, belladonna, nux vomica, cannabis indica, prussic acid.*

11.—*Specifics, especially from the class of the metals.*— *Ferrum (ferr., carb., lact., sulphur.) Tct. ferri pomati, tct. Bestuscheffii*, Spa, Pyrmont, Eger, and other iron springs, *bismuthum, zinc*, (especially *hydrocyanicum*) *saccharum saturni, argentum, nitricum*, (*arsenic* we find only once by Siebert, *kreosot* by Elliotson).

12.—*Compound medicines.* — Among these were in vogue for a long time the *decoctum ebeni* (*chamom., mastix*, and white wine) the *mixtura crotonis* (from *absynth, chamom., weihrauch* or *frankincense, syrup. croci*), different elixirs for the stomach, especially the *viscerale Hoffmanni*, the *bolus Rudii*, (*spec. hiera, diarrhod, alb.,&c.*) *Pillulæ Poteri* (from *ambragris. croc. oriental, moseh*, and *op.*) *Pillul, Gherli* (a precious combination of *aloë, rasura*

eboris, limat., mart., fœcula bryoniæ, and *aronis extr. helleb., terebinth. venet, &c., &c.*

If we wished to cite all the mixtures, in which even at the present day the talent of the allopath displays itself, and the genius of the practitioner carries out his combinations a thousand-fold, we must have the age of Methusalem, and pre-suppose in our readers the patience of Hillel.

The simple succeed rarely—therefore we will put into the hands of fortune, mix it, and leave Nature to draw the prize.

LONDON HOMŒOPATHIC HOSPITAL.

A CASE OF TABES MESENTERICA WITH OBSTINATE CONSTIPATION.

Under the care of Dr. J. Galley Blackley.*

Geoffrey C—, æt. 5, admitted October 26th, 1880, after being sent home as incurable from the Children's Hospital, where he had been an in-patient for seven weeks.

Family history.—Is one of a family of six, all delicate; one child in particular has suffered in a manner precisely similar to the present one.

Personal history.—Has always been a delicate child, subject to attacks of diarrhœa alternating with constipation. Has always been somewhat pot-bellied. Has had measles, whooping-cough, and chicken-pox. His *present illness* began nine months ago with feverishness and headache, and slight delirium at night, and on the following morning he complained of pain in the abdomen, the bowels at the time being costive, and for three months he was very ill. When he began to get about at the end of that time he was very much emaciated, with the exception of the abdomen, which remained considerably enlarged. During the spring he gained flesh and strength and went back to school, but at the end of May he began to lose ground again and became subject to severe attacks of pain in the abdomen, lasting some hours, and only relieved by poulticing. Was taken to the Children's Hospital, and after being an out-patient for some weeks he was admitted to the wards, where he remained seven weeks, during which time the attacks of pain became more frequent and lasted longer,

* From notes taken by Byres Moir, M.B., some time Resident Medical Officer.

and were only controlled by frequent doses of *Morphia.* During this time the bowels frequently did not act for a week at a time, and at the date of his admission to the London Homœopathic Hospital there had been no action for a fortnight.

Present condition.—Child cachectic looking and very much emaciated. Abdomen generally very much distended and tender on pressure; in the region of the transverse and descending colon irregular lumps are felt, and in the left iliac fossa is a lump as large as a goose's egg. The splenic dulness is much increased; girth at umbilicus twenty-four inches. Seems to be suffering much pain at present. Vomits occasionally, but only such food as he takes. Was ordered, by the house-surgeon, a large enema and poultices to the abdomen, and a diet of milk and beef-tea, with ʒ ij of *Cod-liver oil* at night. For medicine he received *Arsen. iod.* 3x, gr. j ter die.

November 1st.—Bowels only very slightly relieved by enemata. General condition much the same. Tongue much coated but moist. To discontinue the last medicine and to have *Opium* 1, gtt. j ter die.

8th.—For several days past has complained more of pain in the abdomen, which comes on in paroxysms and is followed occasionally by bilious vomiting. During the attack the course of the colon and parts of the small intestines can be distinctly seen through the abdominal walls; here and there an obvious condition of spasm can be detected, which is aggravated by palpitation of the abdomen, and the peristaltic action of the bowels appears at times to be reversed. The bowels have been relieved twice during the week by enemata, and this morning have acted spontaneously, the motion being hard and chalky in appearance. He is taking nourishment well, and has been allowed a little light pudding during the week. ℞ *Plumb. met.* 3x, gr. j every four hours. To continue the same diet, with the addition of a roast apple first thing in the morning.

16th.—Has improved very much, having had no pain for four days, during which period the bowels have acted naturally every day. Stools softer, but still light and clayey. Takes food well.

20th.—Had a sharp return of pain last night, which was relieved by a warm bath. During the paroxysm passed an enormous clayey stool. Did not vomit. Takes food well. Girth at largest part of abdomen 23½ inches. Rep. med.

26th.—Has been much easier since the last entry. The

pains are much slighter, and never last more than fifteen minutes. The bowels act once in twenty-four hours, the stools still being large and clayey. The abdomen is now uniformly soft except over the sigmoid flexure of the colon, where a hard mass, rounded and even, can be felt, nearly the size of a hen's egg. Sweats a little at night. Rep. med.

December 1st.—Still improving, has had no pain for several days. Bowels act regularly every day. Girth is now 23 inches. Abdomen tympanitic above, dull below and in flanks, indicating some amount of ascites.

4th.—General condition much improved. Is gaining flesh. Discontinue the *Plumbum* and return to the *Iodide of Arsenic*. To have *Cod-liver oil* morning and evening, and to be allowed a little fish or minced meat, with a few figs in place of roast apples.

30th.—Is gaining flesh and strength. Has had very slight attacks of pain at times, and last night vomited for the first time for many weeks. This morning is quite easy again. Is eating well. Bowels regular, but stools still clayey. Girth 22½ inches, weight 2 st. 6 lbs.

January 4th.—Had an attack of vomiting without pain last night. Abdomen still obviously larger on left side. Splenic dulness extends downwards to the level of the superior spinous process of the ilium, and at its lower extremity a distinct hard nodule can be felt. Girth has increased slightly. Bowels regular, stools still clayey, but not so copious. Appetite good. Sleeps well.

19th.—Still improving. Has gained three pounds and a half in weight.

February 9th.—Is up and about the ward. Weight 2 st. 7 lbs.; girth 23½ inches. Was made an out-patient.

April 19th.—Patient re-admitted, suffering from a smart return of the abdominal pains, coupled with much distension and tenderness on pressure. Bowels inclined to be relaxed. A few days under *Bryon.* 1x, gtt. j every three hours, and a liquid diet, soon removed this state of affairs. This attack was followed in about a fortnight by a second, though less severe one, and on the 16th of May he was sent home improved in every respect. Was still gaining weight; girth 22 inches. Two slight relapses, which occurred in the month of August, were successfully treated by the house surgeon by means of *Nux vom.* and *Chamom.*, his general condition continuing meanwhile to improve. In the following spring he was sent back to school, stout and ruddy,

and has remained well ever since, and the mother reports him as being very active and especially keen after all boyish sports.

Remarks.—This case is interesting in several respects. Firstly, in the absence of any marked effect from the medicine first exhibited, when the disease was in fact treated on general pathological principles without regard to the more subjective features of the case. Secondly, the prompt relief to the constipation afforded by the *Opium*, which failed, however, to mitigate the attacks of colic. Thirdly, the gradual subsidence of these attacks under a steady perseverance with one medicine, *Plumbum*; and lastly, the improvement effected by the *Iodide of Arsenic* when the more pressing symptoms had been attended to.

Gordon Street, Gordon Square.
August, 1883.

REVIEWS.

The Cholera and its Prevention. Pall Mall Gazette Office, London, W.C.

THIS *Pall Mall Gazette* "Extra" gives a timely and useful warning of the importance of pure water and cleanliness. It is not the *cholera* alone, however, that attention on the part of householders and others to the instructions it contains, will prevent, but typhoid fever, diphtheria, sore throat, diarrhœa, and similar disorders. Foul drinking water, cesspools, middens, ash-heaps, and dust-bins, as well as insanitary houses, are prolific sources of disease, and the commonest cause of that kind of *malaise* for which individual sufferers often find it so difficult to account, and which fresh mountain air so generally remedies. There is one relic of a reckless disregard of the laws of health which is unnoticed by the writer of the paper before us, but which, nevertheless, still lingers as the adjunct of the kitchen of many a house in the country, and constitutes one of the perquisites of its presiding genius—the cook. We refer to the "pig-tub." Into this receptacle are conveyed potato-peelings, cabbage-leaves, turnip-tops, pieces of fat, and water in which the dishes have been washed. Here decomposition rapidly takes place, filling the atmosphere surrounding the house with health destroying germs; while, when the time arrives for removal of the "pig-wash," the whole abominable mixture is stirred up from the depths, and a villainous stench not seldom arises.

There is but one remedy for this, and that consists in having all decaying vegetable matter, which may be left from cooking,

placed on the kitchen fire, the water being allowed to pass into the drains. This, and this alone, prevents the excuse for the accumulation of such filth. A warning against this, still too prevalent nuisance, might fittingly find a place in the next edition of the "Extra."

Then, again, Dr. Farr's *dictum* that "to arrest diarrhœa is to prevent cholera" is true enough. The question is, how is diarrhœa to be arrested? The *Pall Mall Extra* says by "a good diarrhœa mixture." Is there such a "mixture?" We doubt it. Nearly all these "mixtures" contain *opium*, together with a full complement of such indigestible materials as chalk, catechu and kino. Preparations of this kind have, time and again, proved to be utterly useless, and very often injurious. To arrest a diarrhœa, which will develop into cholera, *camphor* is the one medicine which has acquired and sustained a reputation as a remedy. The late Rev. C. F. Lowder, of St. Peters, London Docks, in a little book giving an account of his mission-work in one of the poorest and most degraded parts of the metropolis, when describing the work he and his brother clergy, with their nursing sisters, went through during the epidemic of 1866, writes of the value of the *tincture of camphor*, as follows:—"When this was used in time, on the very first symptoms of the attack, it seldom failed to arrest the disease; and of this we had numberless proofs." Mr. Lowder's experience but confirms all that preceded him. In London, Edinburgh, Liverpool, Hull, indeed wherever cholera has prevailed epidemically, the same testimony has been given by medical men who have used *camphor* in the initiatory stage of cholera.

It would indeed be deplorable were another epidemic to appear amongst us and so large and decisive an experience as this to be heedlessly cast on one side.

NOTABILIA.

CHOLERA.

With what is supposed to be cholera in Egypt it is possible, but we hope and believe, by no means probable, that we may have a visitation of this much dreaded disease in England. A few remarks upon it will, therefore, be not out of place at this time, as to be forewarned is, proverbially, to be forearmed.

Of the origin and mode of propagation of cholera a great deal has been thought and imagined, though very little is, in reality, *known*. But, in this, as in all other epidemic diseases, whatever tends to the deterioration of health predisposes to an attack. Hence pure water—that singularly rare commodity—is of the first importance. To this end, well cleaned cisterns are essential, and a constant supply of water very desirable. A simple dietary, a clean skin, warm clothing, pure air, and regular exercise, in

proportion as they are conducive to health, do they tend to enable an individual to resist the influences causing disease, be they what they may.

The large experience which has been acquired by homœopathic practitioners in the treatment of cholera, and the great success which has ever attended it, enable us to speak with confidence as to the remedial measures which ought to be adopted.

When, in 1832, Hahnemann was consulted as to the remedies most likely to check the progress of disease when once it had commenced, he pointed to *camphor*, *cuprum*, and *veratrum album* as those furnishing the greatest probability of success. These medicines, with the addition of *arsenic*, have been those which, in each epidemic that has since occurred, have been found to be the most generally useful.

In the *first* stage—that characterised by a sudden sense of cold, with shivering, prostration of strength, dizziness, depression of spirits, a peculiarly pale, anxious expression of countenance, pain in the region of the stomach, gradually extending throughout the abdomen, presently followed by vomiting and diarrhœa of thin brownish stools—*Camphor* given at once in two drop doses of the ordinary *spirits of camphor* every ten or fifteen minutes will frequently, indeed almost always, check the further progress of the disease.

In the *second* stage we find all these symptoms aggravated. Vomiting is increased, the diarrhœa more profuse, and becoming thin and watery. The stomach, abdomen, and extremities are occupied with frequently recurring cramp-like pains, while the prostration of the patient is very strongly marked.

In these circumstances *cuprum* and *veratrum* are the medicines chiefly to be relied on. The former as the vomiting and cramps predominate, and the latter when the diarrhœa is especially prominent. *Cuprum* may best be given in drop doses of the 3rd decimal dilution of the acetate and *veratrum* also in the 3rd dec.-dilution. When indicated a dose should be given every ten minutes.

The *third* stage is that of collapse. The corpse-like appearance of the patient, the agony of despair, and the torture of physical suffering depicted on the countenance of a powerfully built man or woman in the collapse of cholera, when once seen can never be forgotten. The surface is cold and livid, the breath cold, the pulse fluttering or scarcely perceptible, rice-water evacuations pass involuntarily, while pains in the abdomen and limbs are constant. Here there is but one medicine that offers any hope, and that is *arsenic*, given in drop doses of the 1st dilution every half hour, it has proved effectual in rousing once more many a hopeless looking case of collapse.

With the experience gained by homœopathic physicians in Edinburgh, Liverpool, Newcastle, Sunderland, Hull and London

before us, we can safely assert, that even in the most advanced stage of cholera *arsenic* may be relied on with a degree of confidence no other medicine can inspire.

Convalescence is often preceded by a low type of fever—the consecutive or reactionary fever. In this, which requires very careful watching, sometimes one and sometimes another medicine has been required, but we believe, that, should the occasion of trying it offer, *baptisia*, given in drop doses of the tincture every two or three hours, will be found a useful aid.

In addition to medicinal remedies, the application of dry heat in the shape of hot bricks and hot bottles, covering the patient with blankets and keeping the room warm and well ventilated are alone necessary, but, nevertheless, very necessary. As food cannot be digested, it has been found that entire abstinence from it is desirable until the vomiting and pain have considerably subsided. Ice and cold water are very grateful to the patient, and Dr. Drysdale, during the 1849 epidemic in Liverpool, found that whey was somewhat sustaining in addition. When the time for giving food arrives, small quantities of farinaceous fluids are best adapted to the condition. Alcoholic stimulants should be rigidly withheld in all cases. Of all medicines commonly resorted to, *opium* is perhaps the most injurious. It is to brandy and *laudanum*, nevertheless, that a large proportion of persons rush when first seized—and to the freedom with which both have been used, much of the mortality of an epidemic is doubtless traceable.

The average mortality of cholera cases under homœopathic treatment during the various epidemics which have occurred in this country has been 25 per cent. Under non-homœopathic treatment it has been at least 50, and generally much higher.

We may here record the pleasure with which we read an excellent letter from Major Vaughan-Morgan, the Treasurer of the London Homœopathic Hospital, on the subject of cholera, in *The Echo* of the 31st July and *The Daily Chronicle* of the 3rd ult.

THE MEDICAL SCHOOL OF THE LONDON HOMŒOPATHIC HOSPITAL.

We desire to draw the attention of our readers to the approaching re-opening of the lecture season at the Hospital, to the end that all who have it in their power to render effectual the work of the ensuing session may at once commence their efforts to do so.

The Hahnemann Lecture—the inaugural address of the session—will be delivered in the Board Room of the Hospital, at 5 o'clock on Tuesday, the 2nd of October, by Henry Blumberg, Esq., M.D., J.P., of Southport, and we trust that he will be supported by a large number of his colleagues on that occasion.

On Thursday, the 4th, Dr. BURNETT, the recently elected Lecturer on Materia Medica, will deliver his introductory lecture at 4 o'clock, in the Lecture Room—or if, as we trust may be the case, the audience be too large to be accommodated in this room —in the Board Room. All who know Dr. BURNETT will anticipate, as we do, real intellectual enjoyment in listening to his exposition of the study of the Materia Medica from a homœopathic standpoint.

On the day following, at 5 o'clock, Dr. DYCE BROWN will recommence his course of lectures on *Practical Medicine*, with an introductory address on homœopathy.

We trust that the session on which we are entering will be the most successful the school has yet had. We know that it may be so if homœopathic practitioners will but use their influence among medical men and medical students to secure a well filled class-room.

HAHNEMANN PUBLISHING SOCIETY.

THE annual meeting of this Society will be held at the "Royal Hotel," Matlock, Bath, at 8 o'clock in the evening of Wednesday, September 12th; and, if necessary, by adjournment, at 9 a.m. on Thursday the 13th.

As very important matters will be brought forward, it is very necessary that as many members as possibly can should be present on Wednesday evening.

Gentlemen who may have any reports or suggestions to make, should communicate at once with the Hon. Secretary, Dr. Hayward, 117, Grove Street, Liverpool.

YORKSHIRE BLIND SCHOOL JUBILEE.

CONFERENCE OF MANAGERS OF BLIND SCHOOL INSTITUTIONS.

YESTERDAY morning the conference of managers and teachers of Blind Institutions in connection with the Wilberforce memorial jubilee of the Yorkshire School for the Blind, was resumed in the Wilberforce School. Dr. Armitage (London) presided, and there was again a good attendance.

"THE PREVENTION OF BLINDNESS."

Dr. Roth, the originator of the Ladies' Sanitary Association, who, during the past 26 years, has distributed and sold more that 1,500,000 sanitary tracts, and who formed the Society for the Prevention of Blindness, read a paper before the Conference on the "Prevention of Blindness." He said the causes of blindness were divided into four groups—1, congenital; 2, diseases of the eyes; 3, accidents; 4, diseases of other parts of the body causing blindness. Having mentioned the various diseases which can be prevented and cured, he said that two out of every three cases of blindness might have been prevented. By means of a

large coloured graphic table (which was prepared by Dr. Magnus, in Breslau), representing the causes of blindness in 2,528 cases, which have been minutely examined and described by several oculists, he said that by the aid of this diagram would be observed the per centage of blindness produced by such cause. Ignorance of mothers, nurses, schoolmasters, schoolmistresses regarding general and ocular hygiene, the ignorance of the working classes regarding the injurious influence of the various trades and finally the ignorance of the majority of medical men respecting the treatment of many eye diseases, were then mentioned as very important causes of blindness. Next Dr. Roth gave an interesting account of the work of the Society for the Prevention of Blindness (of which he has been the hon. sec. for the last four years), and said that the society had offered a prize of £80 for the best essay on the causes of blindness and the most practical means of preventing it. Finally, Dr. Roth appealed to all interested in blindness to assist, by their advice and labours, in diminishing the disease, which, he said, at present cost Europe alone £7,000,000, and England alone £800,000 annually. A great and good work was, he said, being carried on in London by the society, and he trusted that the labours of the society would ere long be more developed.

Dr. Campbell, who said he was himself a subject of blindness from a cause which might have been prevented, wished the Society for the Prevention of Blindness every success, and said that all present ought to become members of it.

Mr. Forster (Worcester) spoke in favour of the society, and said he should become a subscriber.

Dr. Matterson (York) thanked Dr. Roth for his *resumé* of the diseases causing blindness. He confirmed what Dr. Roth had said respecting infantile cases, most of which were curable. Medical students should be more closely examined on ophthalmology, although it might be considered a speciality.

Mr. Hall thought it would be a good plan to give bundles of Dr. Roth's papers to registrars of births, who could hand them to mothers when they went to register the birth of a child.

"THE PHYSICAL EDUCATION OF THE BLIND."

Dr. Roth next read a paper on the "Physical Education of the Blind." After stating that of every 1,000 recruits 400 were rejected on the ground of some bodily ailment, he said that for 30 years he had endeavoured to induce the Government to do something for physical education, but without success. Gymnastics and calisthenics were too often jumbled up under the title of physical education. But on the contrary they ought to seek the harmonious development of the body and the mind. Much attention had been given to the subject on the Continent, and especially at Copenhagen. He regretted that in most of the English blind institutions this kind of education was neglected,

and in one rich institution at St. George's-in-the-Fields, London, the arrangements in this respect were anything but what they ought to be. He then said that physical education was divided into two parts—first, not to interfere with the development of the human body; and secondly, the development of the body according to scientific principles. Pressure on the human body was extremely bad, because it interfered with the circulation of the blood. Tight collars and ribbons, garters, stays, &c., should be avoided. Blind people ought also to wear stockings with toes, in order to develop the sensibilities of the feet. In all schools exercises for the development of the body should be introduced. The address was loudly applauded.

At the conclusion, a hearty vote of thanks was accorded Dr. Roth for his excellent addresses.

THE *LANCET* ON HOMŒOPATHY.

The current numbers of *The Quarterly* and *The British Quarterly Reviews* contain articles entitled "The Progress of Medicine," and "The Relation of Drugs to Medicine;" this latter being signed by a Cambridge graduate in medicine, Dr. Crofts. The gist of both papers is that in the cure of disease, drugs are, for all practical purposes, very nearly useless; that we are drifting, not slowly, to a system of drugless therapeutics, or to a time when therapeutics will be superseded by a perfect hygiene—when there will be nothing "to hurt nor to destroy." In point of fact, we are, in Dr. Croft's view of matters, drifting not slowly towards the millenium. Possibly so. Meanwhile, however, *The Lancet* does not like the idea at all. It is true that men in the front rank of physicians, like Sir Andrew Clark, Dr. Matthews Duncan, Dr. Bristowe, and others, view the situation of therapeutics in much the same light as does Dr. Crofts. But *The Lancet* proclaims the glorious fact—so at least it is esteemed by druggists—that "it may be said with safety and literal truth that drugs never played a more important part than they do now, that they never did so much good and so little harm as in the present practice of medicine." Then follows "An Address to the Imagination."—"Let one month be assigned in London," exclaims the editor, "without *chloroform*, *opium*, *atropine*, *quinine*, *iron*, *salicin*, and its compounds, *carbolic acid*, *iodide of potassium*, *ammonia*, common laxatives, or cod liver oil, and suffering and death would be immensely increased." Suffering, doubtless, would be increased were *chloroform* in surgical operations unknown; in the state of ignorance as to the nature, effects, and mode of selection of drugs in which the bulk of the profession are at this moment, the absence of *opium* would doubtless occasion more pain, but we doubt whether the bills of

mortality would be increased. *Atropine* would be missed by oculists, *quinine* and *iron* by physicians, who feel compelled to write a prescription, but scarce know what medicine to order. *Salicin* and its compounds have not given evidence so far of being possessed of any special remedial power, but they are fashionable now just as the *bromide of potassium* was a short while ago, and, therefore, their absence might be productive of suffering to some fashionable physicians, though we do not believe that fashionable patients would be much worse off without them. Carbolic acid is so very useful in drains that we really should miss this product of chemical research. The *iodide of potassium* is a medicine, the want of which, we admit, would be very great, especially in severe cold in the head. *Ammonia*, too, does much less harm, and—as a stimulant—more good than many of the drugs commonly used. Common laxatives might be missed for a time, but, by the end of a month, those who had been accustomed to them would feel much better without them. Cod-liver oil is simply food.

There is not in this list one medicine, with the exception of the *iodide of potassium* and *quinine*, that is ever used for *directly* curative purposes. They are prescribed with the idea of preventing pain being felt, not for the purpose of neutralising the cause of pain. After this exhibition of the poverty of drug therapeutics the *Lancet* has a slap at Hahnemann, whose "huge error," we are told, "was the supposition that nature played no part in the cure of disease and that his petty medicines worked miracles." Hahnemann was quite conscious of the recuperative power of nature. He knew, and in the *Organon* has stated, that many acute diseases would recover without medicinal aid, but he also knew that the power of nature might be considerably aided, that the duration of illness might be considerably shortened by specifically acting drugs. How accurate was this observation has been repeatedly shown, but, perhaps, never more strikingly so than in the late Professor Henderson's analysis of the treatment of pneumonia, when he showed that while in the absence of all medicine the mortality was only 7 per cent. and under homœopathy 5 per cent., the duration of illness was, under the latter, only 11 days, while, under the former, it was 28 days.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

Dear Sirs,—Since the publication of the subscriptions to the Bayes' Memorial Fund, a sovereign has been received from Dr. Mojumdar, of Calcutta, accompanied by the following tribute to his memory, which, under the circumstances, you may

deem worthy of publication. The letter is addressed to Dr. Hughes.

Yours truly,
WM. VAUGHAN-MORGAN.

P.S.—Three pounds have also been received from Mr. Plowden for the same fund.

"80, Beadon Street, Calcutta.

"MY DEAR DOCTOR,—After a long time I am going to write you. I am exceedingly sorry to read the death news of our much esteemed lamented Dr. Bayes, at Brighton. In him Homœopathy lost a true friend and great enthusiastic supporter. However, everything depends upon the Providence. He laboured throughout his useful life for the propagation and advancement of the cause of Homœopathy. There ought to be done something for his memory. Though I am not acquainted with him, still I entertained a very high respect for him. If you do something for his memory, please enlist me as a subscriber to the fund. Put down, please, one pound as the sum of subscription. I shall be very glad to send direct to you by overland money order the money I subscribe here, on hearing from you. Our friend Dr. Salzer is now among us. We have been much benefited by his advice. Probably, you know him personally by this time. We have tried to establish a hospital and a school of Homœopathy for some time, and now I am glad to inform you that the school has been open from 15th February, 1883. Every attempt is being made for the establishment of a hospital. I do not like to intrude upon your valuable time.

"Yours faithfully,
"P. C. MOJUMDAR, L.M.S."

To the Editors of the "Monthly Homœopathic Review."

THE CHOLERA.

GENTLEMEN,—Do we, as homœopathists, believe in the curability of true cholera by homœopathic remedies?

If so, is it not our duty to call the attention of Government to the fact?

They are sending out many medical "great guns," to the East to advise the Egyptians. What is the advice worth, beyond the hygienic precautions? They confess they have no remedies to cure the disease.

Shall we remain idle while hundreds are dying?

Is not this the very opportunity to show what homœopathy can do, and, what is of great consequence, could we have a disease, the cure of which would lead to so little doubt and quibbling?

If we can cure cholera of the Asiatic type, we can cure anything.

Let the President of the British Homœopathic Society at once make proposals to the Government.

Yours faithfully,

JOHN WILDE.

Weston-Super-Mare.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. BURNETT (London); Dr. HUGHES (Brighton); Dr. PROCTOR (Birkenhead); Dr. HAYWARD, Dr. HAWKES, Dr. MOORE (Liverpool); Dr. HAYLE (Rochdale); Dr. CLIFTON (Northampton); Dr. HARMAR SMITH (Ramsgate); Major VAUGHAN-MORGAN (London).

MARRIAGE.—August 4th, at St. Mary's, Bryanston Square, by the Rev. Nevile Sherbrooke, S. SANDERS STEPHENS, of Cannes, France, to AMY, only Child of the late WILLIAM GRIMWOOD MANTLE.

BOOKS RECEIVED.

A History of Tuberculosis. By Eric E. Smith, M.D. Cincinnati: R. Clarke.

Essai sur les Hématocèles Utérines Intra-Péritonéales. Par Le Dr. M. Jousset. Paris: Bailliere et fils. 1883.

Annals of the British Homœopathic Society.
Student's Journal and Hospital Gazette.
Homœopathic World.
Chemist and Druggist.
Monthly Magazine of Pharmacy.
Calcutta Journal of Medicine.
North American Journal of Homœopathy.
New York Medical Times.
American Homœopath.
Medical Counsellor.
St. Louis Clinical Review.
Medical Advance.
American Observer.
La Bibliothèque Homœopathique.
L'Art Medical.
Revue Homœopathique.
Rivista Omiopatica.
Allgemeine Homöopathische Zeitung.
Boletin Clinico. Madrid.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

THE ANNUAL CONGRESS.

We have the pleasing duty of noticing the meeting of the Congress of homœopathic practitioners for the year 1883. It was held, as our readers are aware, at Matlock Bath, a spot whose beauties we had hoped would have been an additional inducement to our colleagues to be present, and the Royal Hotel, where the Congress met, occupies the site where of all others the loveliest views of that charming locality are to be had. But we regret to say that the numbers present were far smaller than we had hoped for. There was a sufficient number to make the meeting a most enjoyable one. Still, considering the number of homœopathic practitioners in the United Kingdom, the representation on the 13th September at Matlock was a poor one. "Why is this thus?" as Artemus Ward would enquire. Last year the distance of Edinburgh was a most convenient excuse. This year there was none. We cannot help saying that there is a disappointing want of interest evinced in our body in these annual gatherings. Men do not put themselves to a little trouble and inconvenience for a single day for the good cause. It is not a mere day of pleasant enjoyment, and therefore a matter of indifference whether one goes or not. It is far more than that. It is, as it were, an annual reminder to ourselves and to the public that we not only exist, but are a body, vital, strong,

with common interests, resolved to maintain the common faith, and determined not to lower our flag or allow ourselves to be snuffed out. We are not so united as we ought to be. There is a lukewarmness very observable in the homœopathic ranks which used not to exist, and which is hurtful to the cause. We do not for one moment put down this to lukewarmness of belief in homœopathy and its inestimable value. No, we are thankful to say there are no signs of that, but quite the reverse. The cause of the seeming apathy in our ranks is that homœopathy is no longer the novelty it was once, having to fight its way for very existence or permission to exist. It has settled down as a great existing fact which holds its ground without much active warfare, and its practitioners accordingly accept this easy state of affairs, and are occupied with their own private practice. But this attitude will not do. In the field of battle, if one army takes things easily and sleeps, while the other side is always on the watch for an opportunity to strike, the result does not require a gifted seer to foretell. So with us. Our great law of similars can never be lost sight of, however poorly its custodians take care of it, but if we are not less apathetic than many of us appear to be, we shall not make the progress we ought to make and can make. Our opponents, after the long history of bitter opposition to us, feel too sore at the steady headway we are making, even in their own ranks, to miss any chance of hitting us at a vulnerable point, and doing all they can, when they cannot hit us, to snuff us out by their policy of silence and gradual absorption of our treatment without recognition of its source. Our business is not to play into their hands by acting on the principle of "anything for a quiet life," and making ourselves as little obtrusive as possible, but to show a strong united

front, conscious of our own strength, and determined not to beat our swords into ploughshares till there is no longer any use for them. The game is in our hands. Every impartial onlooker sees that. It only requires time and firmness on our part. If we are strong, united and firm, the old school must give way to the extent of openly admitting us to be in the right, and according free permission to any practitioner to practise as he believes to be best for his patients. This is the end that must be obtained, and till it is obtained, we must adopt the militant attitude. The more firmly we do so, the sooner the end will be reached, whereas if we rest on our oars till the process of homœopathic appropriation is nearly complete, we shall be quietly told by our quondam opponents that our practice is nothing new, but that they have been practising in the same way as ourselves for years, only without the name. Some means then ought to be taken, not only to keep up the *esprit de corps*, but to let the old school and the public see that it exists, and is kept up.

Our journals, hospitals, and dispensaries are of course alive, and demonstrate our existence, but they go on from year to year in a regular way, and are taken as a matter of course. Our Societies, again, are more private, and cannot naturally be otherwise. But with the Annual Congress it is different. Here is a meeting held only once a year, supposed to be representative of homœopathy, and yet only thirty out of three hundred take the trouble to come. A stranger comes to see the Congress, and fancies he has come to the wrong room, while we explain with an apology that the numbers are small from various reasons. Reasons for absence are very easy to find. Sometimes one is given, sometimes none at all.

We cannot help feeling strongly on this point. The representation at the late Congresses has been lamentably

poor. Of course we know that it is sometimes impossible, however willing he may be, for a man to leave home; but, on the other hand, it is often perfectly possible, if the will is present; and we should feel that this year's meeting had been of great use to us, if these remarks of ours have the effect of making our colleagues resolve to sacrifice something to be present, if at all possible. This is the only demonstration of our body, as a body, before the public. It is our duty not to let sarcastic remarks be passed upon our small numbers and the want of interest taken in the cause. We ought to show a large meeting, a real representation, as regards numbers, of our actual numerical strength, and if we made a point of doing so annually, not only would it show our strong front to the public and the old school, but it would insensibly stimulate our *esprit de corps*. Meeting each other in this pleasant and sociable way would go far to unite us more strongly in the common cause, and to soften any little jealousies or unfriendliness which may exist between individual members.

The day of meeting is always fixed at a time when it is believed most men can get away easily, and it is the *duty* of each one of us to make our holiday and other arrangements to suit it, even though it should cause a little sacrifice.

We have taken up so much space with these remarks, which we trust our colleagues will take as they are meant, for the good of our common cause, that we have little space for noticing the Presidential Address and the papers read. This is less necessary, inasmuch as we print in another part of this journal a report of the proceedings, with the Presidential Address of Dr. Moore, and one of the papers read. Suffice it then here to say that the meeting, in so far as everything except numbers was concerned, was a great success, and was thoroughly

enjoyed by all present. Dr. MOORE'S address on the opposition to homœopathy on the part of the old school was an excellent one, and was listened to with much interest. Dr. BRYCE'S paper was by all acknowledged to be one of the ablest papers that had been ever presented to the Congress, and will well repay careful study. Dr. COOPER'S paper on "Otorrhœa" was exhaustive and able, as everything that proceeds from his pen is. Mr. ENGELL'S paper was, perhaps, rather too abstruse a topic for the tail-end of a Congress meeting. Dr. BURNETT was unable to be present, and his paper, not having been sent in time, was unfortunately lost to the meeting. After luncheon the members drove round the principal sights or walked about the charming terrace of the hotel. The dinner passed off most pleasantly and successfully, under the auspices of the President (Dr. MOORE) and Vice-President (Dr. HAYWARD).

The next Congress was decided, after a vote, to be held at Cambridge, on the second Thursday (11th) of September, 1884, when we hope to find that our suggestions in this article have been taken to heart. Dr. HAYWARD is to be President.

BIRD'S EYE VIEW OF HOMŒOPATHY IN GREAT BRITAIN, WITH SPECIAL REFERENCE TO THE HOSTILITY OF THE MEDICAL PROFESSION TO THE SYSTEM.

By DR. JOHN MOORE.*

GENTLEMEN,—In presenting to you the subject I have taken for my address to-day, it will be needful to give some details which will be a thrice-told tale to all of you, but they are necessary for the purpose I have in view, and I must ask, therefore, for your patient endurance.

* Being the Presidential Address delivered at the British Homœopathic Congress held at Matlock, September 11th, 1883.

Homœopathy was introduced into this country by Dr. Quin, in the year 1827, though he did not settle in London until the year 1832, being attached to the Court of Prince Leopold of Saxe Coburg, and travelling with him on the Continent, spending much of his time in Paris, where he practised occasionally.

Dr. Belluomini commenced practice during the same year in London, and he was soon followed by Dr. Dunsford, but it may be truly affirmed that Quin was the father of homœopathy in Great Britain.

From the fact that Quin had been the travelling physician of the Dowager Duchess of Devonshire, and subsequently of the Prince Leopold, he was introduced to and conversant with the highest circles of London Society, and in the early days of homœopathy we read of many titled persons as his patients and friends, and also amongst the literary, artistic, and dramatic members of society he had many attached patients and cordial friends—a full and interesting account of which you will find in Hamilton's *Life of Quin*.

Quin had the great advantage of receiving his homœopathy direct from Hahnemann, and had caught the enthusiasm of the great master, but he was of a practical turn of mind, and did not fall into dreamland as the master occasionally did in his later years. Quin had received a good education, was possessed of immense mental energy and buoyancy of spirit, full of wit and humour, and was in fact a many-sided man; all his mental endowments were brought fully into play, and appeared needful for the work he had to do as the pioneer of homœopathy in Great Britain.

He did good literary service by publishing his treatise on the homœopathic treatment of cholera in 1832—dedicated to King Louis Philippe—and subsequently by translating Hahnemann's *Materia Medica* in 1834. Unhappily a fire destroyed the major part. He published the *Pharmacopœia Homœopathica*, which he dedicated to the King of the Belgians, and in the same year *Fragmenta de Viribus* of Hahnemann, which he dedicated to Sir Henry Halford, between whom and Quin there seems to have been an intimate friendship at this time, but "the living man" was always greater than his books, and his brilliant conversational powers, social affections, and generous hospitalities gave an impetus to homœopathy both in the profession

and in the society of which he was the ornament, far beyond that which his books alone could have produced. Those of you who have spent a social evening in his company will cordially endorse what I now say, and will never forget the charming manners of Frederick Foster Quin.

Note here that homœopathy began its course in these islands in the very highest circles of society. I need not remind you what a great gulf of separation stands between the royal and aristocratic circle and the great middle class, on which, politicians tell us, depend the strength, stability, and prosperity of this country.

This gulf of separation is happily bridged over by the professions, and we daily see that the literary, artistic, and dramatic professions are the links of union between the highest circles and the mercantile classes. Amongst the professional classes Quin had many very celebrated patients —authors, painters, actors—and through these, or independently of these, homœopathy reached the City, and several wealthy merchants joined the homœopathic ranks, and became cordial supporters of homœopathy and of Quin.

You perceive, therefore, that the upper classes were first touched by the new system, and the poor next, through the establishment of dispensaries and hospitals; and the early converts amongst the medical profession were chiefly of the higher grades of our profession, pure physicians, or pure surgeons, and the general practitioners, or what is now called the rank and file of the profession, were only reached after several years. How was this? They waited for the decision of the heads of the profession, for the honorary physicians and surgeons of the great hospitals and schools of medicine to pronounce on the truth or falsehood of homœopathy. At first the trumpets of allopathy gave an uncertain sound, and when it became certain, we all know too well what it was. Notwithstanding, general practitioners here and there examined homœopathy, tested it, and embraced it; and as they did so, they brought over to the new faith a goodly number of their patients, and it was thus that the middle class of society became impregnated with the truth of homœopathy, viz., by the conversion of their own family doctors, and this process went on increasingly until curses loud and deep against homœopathy came forth from the colleges, the medical societies and associations. These took effect on the timid and wavering; and as it was at all times an irksome thing for the man in

busy practice to take up a new thing, which required much careful study and experiment, and as he thought wiser heads than his own had decided against the system, he refrained from independent inquiry. Perhaps his own indolence, as Hahnemann often said, was the cause of non-inquiry into homœopathy, according to the dictum of the poet—

"Let power or knowledge, gold or glory please,
Or oft more strong than all, the love of ease."

I will here hazard an answer to a question often put to us, viz., "Why does homœopathy spread so much more rapidly and thoroughly in America than it does in Great Britain?" I will preface my answer by quotations, to show the facts to be as above stated. At the annual meeting of the American Institute of Homœopathy, held this year at Niagara Falls, the president, Dr. Bushrod James, congratulated the meeting on their great success, their high social standing, and the number of their converts. He called on the laity to be active in getting possession of parties to the charter. Dr. Talbot, as Chairman of the Bureau of Registration and Statistics, stated that there were now twenty-seven State societies, thirty general hospitals, and a large number of *special* hospitals, forty-seven dispensaries, eleven medical colleges, with thirteen hundred students, four hundred and forty graduating annually, seven thousand four hundred physicians practising homœopathy openly, besides a much larger number who use it more or less clandestinely. These facts cannot be questioned;—What is the explanation, or in other words, what is the answer to the questions put above?

The answer is two-fold:—first, there is no hard and fast line separating class from class in that Republican country as there is in ours, and knowledge of every kind travels more rapidly there than here; the education of the middle and lower classes is very much higher and better than here; their National schools which had existed some fifty years before our Board schools were established, have done great things for them, and the poorest man there has his newspaper, and his newspaper has everything in it which is novel. My second reason is that the American doctor differs considerably from the English practitioner; that smart, quick witted person reads of homœopathy, sees there is something in it, tests its truth, decides on the testimony of his own senses and embraces it cordially. He

does not wait till the *heads* of the profession reason all the truth out of homœopathy, and thrust in all the erroneous and misleading statements they can muster, vilifying Hahnemann at the same time. No! he adopts the facts and evidence and goes into the reasonings and knotty points and theories, as to dose, &c., afterwards. Such I conceive to be the chief causes which account for the great success which has attended homœopathy in the United States of America.

Authority rules the Briton, *Independence* the American. Though we all feel greatly disappointed at so small a number of avowed homœopaths in this country, I may be permitted to say that it could not be expected that the system in its early days could have more than a tithe of the profession as its converts.

Had homœopathy been presented to the English mind as a new system of specific treatment based on the proving of medicines on the healthy body, and their application to the cure of the sick in very minute doses, it might have fared better than it did, but coming weighted with the psora theory, and the dynamization theory, and the infinitesimal dose to boot, it was more than the practical English mind could receive, and when we consider the classes of men of which the medical as well as the other professions are composed, it is easy to perceive that only one section of the profession was likely to adopt it. In every profession there will be found three classes of men:—

1st.—Those who regard their profession as a means of livelihood; and with them the important question is, What will pay?

2nd.—Those who set a higher value on social position, so-called respectability and the high opinion of their colleagues, and probably this is the largest class in all the professions.

3rd.—Those whose love of the true and the good is the supreme motive power of their lives, and who keep the love of position and of wealth in subserviency to the higher motives. This is unhappily the smallest class.

In our little body we doubtless possess representatives of the three classes, but I am bound to say from an experience of thirty-five years amongst them, that the great preponderance of our members is drawn from the third class — men whose supreme love of truth and justice has led them to give Hahnemann a hearing and homœo-

pathy a fair trial, and who have embraced it because it was true, and without regard to their worldly interests—indeed converts who were in full practice when they declared for homœopathy necessarily had to make sacrifices, such as the loss of timid patients, giving up public appointments, clubs, &c., or if they were able to retain their appointments, as in the case of Professor Henderson, who became a convert to homœopathy in 1844, they had to endure as much persecution in their office as it was possible for professional hatred to manifest. Happily, in his case, he lived long enough to receive the confession of regret from his arch-persecutor.

This leads me naturally to consider the main subject of my address, the hostility of the medical profession in this country to homœopathy. Ever since its introduction into England it has had to live on sufferance; even in the two first years of Quin's practice in London he had to undergo trials on its account. He was summoned to appear before the College of Physicians to be examined, and, as he feared, to be silenced thereby. This was done under an old law existing, I believe, from time immemorial but not always acted upon. He acknowledged the receipt of the summons from the college, but nothing more came of it. He told Sir Henry Halford, the then Court Physician, that he had no objection to be examined provided that they would not reject him on account of his homœopathic doctrines. Though he was not further called upon, yet his non-examination was made a plea afterwards for not meeting him in consultation.

The rejection of our most worthy and honoured colleague, Dr. Pope, by the Edinburgh University, in 1851, on account of homœopathic leanings is fresh in your memory. It excited marked attention to the tyranny of the examining bodies as well as a cordial sympathy with our friend, and led to the introduction of a clause in the Medical Act, of 1858, restraining examiners from rejecting candidates on account of their holding any particular theory of medicine, and this we owe to our old and faithful friend, Lord Ebury.

In 1851, the British Medical Associatien, then called "The Provincial," took the lead in the march of oppression against homœopathy, and passed its infamous law against homœopathy as a system, and against its practitioners, refusing membership to them and to all who consorted with them. The *Review* of this month informs us that this law

was struck out by the President of the Board of Trade when the society was made an "Incorporated Body." We are glad to learn it, though we owe no thanks to the society on that account I fear.

It is passing strange, however, that the president of the association, at its recent meeting in Liverpool, did not tell the clamorous section of that body that it was so, and could not be replaced. Was he afraid or ashamed to announce the fact? It is clear that they did not know it.

In 1859 the Liverpool Medical Institution passed a law to the same effect as that of the British Medical Association, and this is unrepealed to this day; when it was passed there were ninety-six for it and twenty against it.

Someone has said that every tenth horse that crosses London Bridge is a grey horse; it is certain, however, that every sixth doctor in Liverpool, a quarter of a century ago, had a sense of what was fair and just to his brethren, even though he differed from them. What is the proportion at present I cannot tell, but I should like to see the matter tested by moving the repeal of such an iniquitous law, for, let it be understood by the inhabitants of Liverpool that this institution is not only a medical society but contains a valuable library from which homœopathic students are excluded, as well as from all the other advantages of the institution.

The Manchester Medical Society has no such law. Birmingham, to its honour be it said, rejected by a large majority such a law when it was proposed in the year 1877.

In 1862, the Irish College of Surgeons passed a furious law against us, refusing its diploma to any homœopathic students, and forbidding its members to meet homœopaths. In this case we were favoured by the advocacy of Archbishop Whateley, and his views of the conduct of the college are tersely expressed. He described it as a detestable act of tyranny—a trades'-unionism. He added some general remarks on human liberty which are worthy to be again brought before the attention of the profession and the public.

"A man has a right to refuse to work excepting for such wages or under such conditions as he himself chooses to prescribe, but he has no right to compel others to concur with him. The majority of mankind have no real love of liberty except that they are glad to have it themselves, and to keep it all to themselves, but they have neither spirit

enough to stand up firmly for their own rights nor sufficient sense of justice to respect the rights of others. They will submit to the domineering of a majority of their own party, and will join with them in domineering over others." Then he goes on to say that "there is something of a testimony borne to homœopathy by these our adversaries, as they dare not trust the cause to the decision of reason and experience, but resort to such expedients as might as easily be employed for a bad cause as a good one."

These words deserve to be pondered by all medical and other associations even in these days of advanced freedom of thought and action.

It is time to notice the recent meeting of the medical parliament in Liverpool. At the previous meeting in Worcester, on their jubilee year, a very much higher moral tone pervaded their meeting than had been noticed aforetime. The president, Dr. Strange, was taken up by three great ideas, which he called the Christian Triad—Liberty, Love and Truth; as old-fashioned Christians, we thought of the three Christian graces—Faith, Hope and Charity, but we were delighted with the "Strange graces," especially as they contained the greatest grace of the old ones, and we hoped to see at all future meetings of the association, a new and improved course of proceeding, but we fear these "Strange graces" were strangers at the recent meeting of the association in Liverpool, as witness this short editorial:—

"The British Medical Association has a little surprised the people of Liverpool in one particular. Individually its members are most gentlemanly examples of the great professional class. Collected together for festive purposes they make an excellent show. Set to listen to formal addresses, they, or those of them who do not slip out to do some sight-seeing, bear with what is read to them at least without indecorum. But the *doctors seem quite incapable of rational discussion.* Impatience has been their principal characteristic all the week during the business of the sections. Umbrellas must have been worn nearly to the stumps in drowning the voices of speakers, while exclamations indicative of great rudeness and little wit have interrupted almost every member who tried to express *controverted ideas to the meetings.* Such incidents as these very much lower the tone of the proceedings, and tend to injure the reputation of the association. Row and tumult are bad enough when the perpetrators of such inconsiderate demonstrations are medical students or undergraduates; but in representative men of maturity, holding up

the honour of a noble profession under the close observation of a great and quick-witted community, these escapades are egregiously foolish and unpardonably out of character."—*Daily Post*, 4th August, 1883.

Dr. Wade, as president of the medical section at Worcester, made a kindly and on the whole a fair allusion to homœopathy from his standpoint, but at that meeting, as at the recent one in Liverpool, there was a noisy and clamorous party, who displayed all the old enmity to homœopathy of the year 1851. This year the same party was as loud as heretofore in giving expressions to their contempt for homœopathy, but were silenced as before, not without much trouble and a scene of uproar, that has caused great prejudice against the association in the city, the conduct being unworthy of an association of gentlemen. It is to this section of the association that I wish now to refer. They remind me of the Irishman brought before the magistrate for assault. After hearing the evidence of two witnesses who proved the case, the magistrate asked the man what he had to say. He replied "Do you call that evidence, that two men saw me do it? I will bring ten men who never saw me do it." Of what avail is it to tell Fitzpatrick, Nelson Hardy & Co. that three hundred men have seen *aconite*, *belladonna*, and *bryonia* cure acute rheumatism in an incredibly short space of time,—they would reply like the Irishman, that they can bring three thousand men of the British Medical Association who never saw these medicines do anything of the sort and what is more would not see it.

But the great body of the association we believe is now made up of men of a nobler stamp, and to them I would now address a few observations through you. The late Dr. Abercombie, that greatly esteemed physician of the North, in his work on the moral feelings, clearly shows that guilt is incurred by the non-reception and rejection of truth, and specially of beneficent truth. He tells us that there is guilt in ignorance, when knowledge is within our reach,—guilt in heedless inattention, when truths of moment demand that attention—and guilt in that prejudiced condition of the heart which blinds the mind, and warps the judgment in reference to truth. All who have rejected homœopathy in your great association without testing it fairly and thoroughly are guilty of the above; for let it be well pondered, that it comes before you in the very track of

your calling, and whatever it contains of good is withheld by you from those patients who look to you for the cure of their diseases in the quickest, easiest, and safest way.

One of the most melancholy features connected with the condemnation and rejection of homœopathy by the British Medical Association, in 1851, was the fact that *not one* of that association could say or did say that they had tested homœopathy fully and fairly and found it was a failure; but one of their number, their former president, Dr. Horner, was conscientiously moved by that very meeting to put it to the test, and came out a decided convert to its truth and value, as we believe all have done who have earnestly studied and experimented upon it.

It is because the evidences of homœopathy are so numerous and varied and accumulated, that guilt accrues from its rejection. These evidences are not merely human, but are drawn from the lower animals. The horse in the stable, the ox in the stall, the dog in the kennel, even the pig in the stye bear testimony to the power of homœopathic medicines to cure, and in small doses too. (A lady from Australia assured me that she saved, by her book and box of homœopathic medicines, a litter of pigs which the veterinary had condemned to be slaughtered.) Apart from all theories, reasonings, and mysticism on the subject of homœopathy, we have solid facts, cures, wrought unmistakably, of long standing chronic diseases, as well as those of acute character by our treatment.

The allopathic doctor tells us that the latter class will get well of themselves, but he cannot say so of the chronic cases which have run the round of the doctors, and, like the woman in Scripture, are nothing bettered but rather grow worse. It is the rejection of such strong and accumulative evidence in reference to homœopathy, which is a *form of truth* and also a form of *goodness*, that makes unbelief in it so serious a matter, and its rejection such a loss to mankind.

We hear still repeated the old saw "That the true in homœopathy is not new, and the new not true."

That homœopathy existed in all time we do not doubt, nor deny, as we believe it to be a great law of nature in reference to the action of medicine on animal life; nor do we doubt that the law of gravitation existed before Newton discovered it, but the floating homœopathy of the ages, as Dr. Burnett has ably shown us, was a very different thing

from the homœopathy of Hahnemann. The proving of medicines on the healthy, and defining the *nature* of their action, and the *place* of their action, &c., and giving them to the sick on the principle of "Let likes be treated by likes" was Hahnemann's own *act* and *deed*. He wrought his wonderful cures as thousands of others have done since he led the way through this principle. Doubtless all great discoveries are heralded by others, just as Tycho Brahe, Galileo, and Kepler paved the way for Newton's great discovery, so we see Stahl, Stoerck and De Haen had great influence on the mind of Hahnemann, and helped him to *final* decision on the *true* law of treating disease. Great charges are brought against Hahnemann for his overweening self-conceit and uncompromising spirit; but let it be remembered that he felt himself raised up by "The Great Supreme" to do this great work, and he would not allow anything to stand in his way. He pushed aside theories on physiology and pathology, and, doubtless, very important improvements in his own day, in order that he might perfect his great system. "This one thing I do," was his motto, and it was a great thing. Due allowance must be made for the enthusiasm of such men. When Kepler, after enormous labour, discovered his third great law which threw such a flood of light on the movements of the planets, he burst into a fit of enthusiasm, and exclaimed "I have been thinking the thoughts of God;" a similar enthusiasm was felt by our great master, as his reference more than once in his books to "The Great Supreme" shows how truly he had lived under the Great Taskmaster's Eye, instead of being that inflated self-sufficient man represented by his enemies. In his last days we find he displayed great humility of spirit, and uttered sentiments regarding human merit worthy of a true Christian.

Let us hope that the day will come when such a sense of justice will pervade the medical parliament that they may find it possible even to speak the truth in reference to Hahnemann and the homœopathic law; then, but not till then, shall we be happy to join them. Charles Lamb in one of his essays on Quakerism, says that he found the company of the Friends rather irksome from the slowness with which they answered questions. On reflection he saw the reason. The Quaker has only one form of truth, and therefore he is very careful about it at all times. We have two kinds of truth, a speaking truth and a swearing truth.

I really fear that there are two kinds of conscience in our profession—the medical conscience and the Christian conscience—we have known excellent Christian men stand by and permit gross injustice to be done to their brethren in medical associations that in any other walks of life they would feel ashamed of doing. Then, the free use of our remedies, without any acknowledgment of the source from which they are derived, and even the attempts made of late years to palm off said medicines as discoveries of their own, indicates an elastic state of conscience not harmonious with that we usually deem Christian.

We thankfully concede that allopathy is not now the sanguinary monster it was forty years ago, and that much homœopathy is blended with it in every day practice, yet the custom of mixing homœopathic medicines with allopathic is not just to either system. *Aconite, belladonna,* and *nux vomica* in one prescription is not only a compounding, but a confounding of homœopathy, and certainly is not the homœopathy of the master. Single medicines at a time, intervals between, was the rule laid down by Hahnemann.

The effect of all these condemnatory laws of the colleges and associations has been to arrest the *open* profession of homœopathy amongst the medical fraternity, and to throw over on the laity a great deal of work that rightfully belongs to the profession. The public are so fully persuaded of the great advantages of homœopathy that they often prefer homœopathy unprofessionally administered to allopathy with its orthodox prescription.

In one of the provincial towns with which I am acquainted, in which there is no resident homœopathic doctor, a druggist is dragged out of his shop daily to see patients; and a gentleman of high position in that town informs me that said druggist has more patients than any of the allopathic doctors in it; who is to blame for such a state of things? Clearly those who have enacted laws for the purpose of suppressing homœopathy, and by terrorising over the rank and file of the profession have prevented them from taking up and carrying out homœopathic treatment in an orderly manner.

That gentle creature, the editor of the *Lancet*, having buried homœopathy once or twice, and finding it has by some means undergone resurrection, meekly invites us now to join the allopathic ranks and to give up the term of homœopathy, adding that by so doing we need no longer

make martyrs of ourselves. Our answer is that we believe by giving up the *name* we shall be giving up the *thing*, and shall we do this? No, never, till death do us sever.

A case illustrative of this occurred not long ago in the provinces. A homœopathic doctor in good practice, was wooed by his allopathic friends into this happy condition of abandoning the *title* homœopath. Soon after his cordial union with the orthodox profession he was called in consultation by one of his former *homœopathic* colleagues. He came as usual, consulted and prescribed homœopathically. On being called a second time he *declined* to come, being forbidden to do so by his new masters. He has since been narrowly watched by these loving friends, and whenever he *shows* any homœopathic tendencies, he is at once placed on a diet of humble pie. Thus his liberty has been bartered for the short-lived favour of the orthodox party, and *this is the blessedness to which the Lancet calls us.*

> "When liberty is gone,
> Life grows insipid and has lost its relish."
> "A day, an hour, of virtuous liberty
> Is worth a whole eternity of bondage."

Time will not permit me to do more than mention those members of our body who have so conspicuously aided the cause of homœopathy in Great Britain, by their wisely directed literary efforts. First in order and in magnitude is *The British Journal of Homœopathy*, so ably edited for a period of now over forty years; nothing but the most undaunted courage and perseverance could have sustained those noble men, the editors, in the midst of so many discouragements and of such prolonged opposition as they have encountered; but they have had this great consolation, that their labours have not been lost, but have borne fruit in foreign lands as well as in our own country.

All honour to the present conductors of *The Review* and of *The World*; may they never grow weary of their work, and may they be ably sustained by the young and active members of our body.

Great praise is due to those who have laboured so ardently in the reproving of our medicine; and amongst our departed friends we must specially remember the late highly esteemed Dr. Black. Great praise is due to those members of our body who have diffused throughout the laity practical knowledge of homœopathy, especially Drs. Sharp, Laurie, and Ruddock.

In conclusion, let me commend to your especial regard and to our generous laity the expression of the benevolent character of our system, by the establishment of dispensaries throughout the large towns and districts, where there is no homœopathic doctor. How can this be done?—very easily if *money is forthcoming*.

Let one of our fraternity from the nearest town attend *once a week* for such a purpose, let *him be paid* for the necessary loss of time; after a short period he will find a *local* allopath who has been practising, *sub rosâ*, who will join him just as soon as a favourable impression is made on the community. Let it be remembered that it is the *cures* made by homœopathy far more than its literature which extends the system.

There are Preston, Blackburn, Accrington, Bolton, Oldham, Wakefield, &c., without doctors of our ilk.

If our wealthy benevolent laity will come forth to this duty in their respective neighbourhoods I think I may promise for the homœopathic doctors that they will do their part.

> "He holds no parley with unmanly fears,
> Where duty bids, he confidently steers—
> Faces a thousand dangers at her call,
> And, trusting in his God, surmounts them all."

CLINICAL NOTES.

By Wm. Bryce, M.D, Edinburgh.

Mr. President,—Among the followers of Hahnemann at the present day, though we agree as to the rule *similia similibus curentur*, there appears to be a divergence of opinion in regard to the way of applying the different parts of the method he has bequeathed to us; but as this subject has already been ably argued by many there is no necessity to-day to enter upon theoretical discussion. The proposal, then, is to take the practical side of the question, and to offer brief notes of cases that appear to bear on the place and value of the different members of that method, in the way most of us look at it. In carrying out this object, only the symptoms essential to the point at issue are given in each case, in order that, in the time at our disposal, we may be able to give as many cases as are sufficient for a connected view of these different ways of applying it; and,

though many cases corroborating those adduced are in our possession, that we may thus be better able to bring all the parts of the system under review at once by one grave or characteristic case under each head. The object aimed at is the benefit that may be derived from a full discussion of our differences, and not to give illustrations of the value of our therapeutic system, for that would be out of place in this assemblage. The notes are therefore summarised, and may appear bald, but I trust you will bear with this for the reasons given, and for this additional one, that the plan could not otherwise be carried out in the time allotted at these meetings.

As to the method itself, the view of it taken is that Hahnemann has done for therapeutics what the composer does in music; having heard the key note *similia similibus* sounded he has produced a chord, each of whose members bears a determinate relation to the keynote, and also to the others; all act harmoniously the one with the other, and are mutually interdependent. It is thus a co-ordinated method, and, if so, its members must be best suited to co-ordinated working, each one in its own place, but all in harmony, linked together as the members of our bodies are, and, like them, kept in harmonious operation by an unknown principle, whose outward workings we can recognise but whose essence we cannot discover; and, as to its existence, must content ourselves with adding it to the list of ultimate facts. Looked at in this way, a knowledge of the physiological action of drugs is a necessity of the rule, and the single medicine and the small dose are necessities of both; and if it is correct to look at it in this way, one-sided opinions and a circumscribed practice will not evolve the harmony any more than playing one note will give us a tune, or sounding the keynote will fill our souls with the harmony of the chord. *Similia similibus curentur*, that likes should be treated with likes—for the meaning is to treat not to cure—is not a law, but a fixed rule by which we start the harmony that brings into operation a principle that existed before there was a man *to be* sick; but if we pass over a member of that chord, by failing to see its value or its place, the harmony is broken, and the sick do not get the benefit of the principle.

The first member Hahnemann added to this rule is next in importance to it, if there can be said to be a difference in value, for on it depends the utility of the small dose.

As to this second member of our system, permit one or two remarks, to save time afterwards in explaining the reasons for the treatment in every case.

The divergence of opinion alluded to is—

1. On the question of the dose; and

2. On the extent to which the symptoms observed by the provers are the guides in the selection of the curative remedy—or symptomatology proper.

In what follows, the term symptomatology is used in this restricted sense.

1. There are many curiosities and eccentricities discoverable in drugs, as there are in all nature; but in a general way the factors in determining the relations in the question of dose as used in these cases, are—

(*a*). The natural disease-producing force or power inherent in drugs is different in each.

(*b*). Therefore every drug has its own relation to the diseased state, or to the symptoms it produces.

(b^1). With some this relation is a low one, requiring large quantities to disturb the balance of health; while

(b^2). With others it is high, small quantities producing decided or even fatal effects. The physiological plan of Hahnemann is not complete in this respect, that it cannot give us the full action of some drugs, at any rate, experimentation with which on the human subject would be dangerous to health and life. We ought, therefore, gladly to accept information from any source, knowing that our magnet will pick out the pure metal.

(*c*). The therapeutic dose, according to our method, if it is a harmonious one ought to bear a determinate relation to the quantity that is disease-producing, and in a general way we may suppose it does; but the relation is not always in the same ratio, for some potent drugs seem to lose power rapidly in the process of dilution, while others do not. In their respective spheres there is a great difference between *prussic acid* 6, *and pulsatilla* 6.

We take *bryonia* as an example of eccentricity, if we may so speak, in drugs. In one phase of its action—in its low relation—this medicine, like *arsenic*, *nux*, and others, produces pathological change and acute functional disturbance; while in minute quantities, or its higher phase or relation, its effects are purely neurotic. If we are to attend then to the harmony, we must give a low dilution

for, say, the red swollen joints and the synochus it produces, but a high one for the headache and the constipation, which in this case are both of neuropathic origin.

In general, then, the harmony requires a low dilution in cases of pathological change or acute functional disturbance, in states produced by large quantities which vary with the drug, while the harmony as necessarily requires a high dilution for the other phase of action, or for those symptoms produced by the primary nervine irritation of small force caused by small quantities, whether these produce only neurotic or subjective symptoms, or whether that irritation eventuates in pathological change or acute functional disturbance. Considerations such as these, put side by side with those relating to the neuropathic constitution alluded to below, seem to require attention in reference to provings made with the dilutions. They require attention also in reference to the question of the opposite action of large and small doses. *Veratrum album*, for example, causes both diarrhœa and constipation in different phases of its effects, the action of both quantities being on the same track, and both neurotic, but conditioned by a relation existing between the drug and the state of nerve tension. In the opposite case, the same climatic changes may constipate one person, but in another cause such a change in vascular blood pressure as to produce a serous diarrhœa, exactly similar to that caused by *veratrum*, and which it instantly stops. A few brief notes will suffice for illustration, and we take first those exemplifying the low relation phase, as in the only cases of pure synochus treated since adopting homœopathy. There were few indications for treatment, the fever being characterised by apathy, prostration of mind and body, and complete torpor of the bowels, thickly coated white tongue, the patient lying quite listless and not wishing to move. The first case lingered on a good while, no medicine doing any good. At length *bryonia* 3x was given; the bowels acted copiously within 12 hours, and the fever steadily abated. All the members of the family were attacked, the one after the other, the symptoms being the same in all the cases, the curative effects of the *bryonia* first showing themselves on the bowels, which acted regularly after the first twelve hours from beginning the medicine, and then a steady and speedy subsidence of the fever. All the cases recovered, but the first had a tedious convalescence, obviously from the late period at which the medicine was begun; but

in the other cases the course of the fever was short and the convalescence not protracted.

We must however illustrate the other phase of this curious drug, the representative of others.

Mrs. K. and Miss. C. got *bryonia* 6 for three weeks; the former for indigestion with constipation, characteristic of the drug, and the latter for constipation alone, but without effect. Number 12 was then given for three weeks, and then number 3 for a like period, but without any result and *no aggravation*. They left me saying homœopathy evidently did not suit them, but returned three months after, when, the symptoms being still clear enough, No. 30 was given with immmediate removal of the constipation, and of the indigestion in a week or two. It is eleven years since; there have been one or two slight returns of the ailment, but the 30th always brought speedy relief.

Another feature in relation to the question of dose is the extent to which the individual possesses the neuropathic constitution, whether natural or acquired; that is, one of abnormal tension affecting the whole nervous system, or several, or it may be only one nerve centre. This constitution requires to be taken into account in physiological experimentation that provings may possess their full value, for in these subjects a dilution may give us ailments of neuropathic origin, which would be as a dose of cold water to others. The action of infinitesimals on subjects of this constitution is fascinating, and may possibly have been the cause of a latter day development of homœopathy; but if the system is a harmonious one, it is surely a departure from our method to advocate prescribing always at, or even near, the same height in the scale of the dilutions, whether it be high or low. The following case illustrates one sphere of the action of infinitesimals, but that given here is what I suppose some would style a ponderous dose. That it may serve two purposes, a fuller and more general neurotic case is reserved for another part.

In June last, Mrs. M., staying with a patient, wished to try homœopathy for a complaint she had had more or less for 55 years. She is now 72, and when 17 had to remain a long time with wet feet, the result of which was bladder irritation, but whether catarrh or not she could not tell. After a few years she improved much, but all her life she had to relieve the bladder oftener than her companions.

Ten years ago she was compelled to remain out during the whole of a very wet day in an open carriage, and ever since then her condition has been this: incessant desire to pass water—it never left her for a moment except when asleep—and every hour, during the day, she was forced to retire. When recumbent she was not quite so bad, but during the night for these ten years has had to rise four or five times, and also give up going to church or into society. The urine was examined chemically and microscopically but no trace of catarrh was found. The urine being perfectly normal, specific irritation of the nerve centre regulating the bladder was considered to be the only way of accounting for her symptoms, and the tension being high from long continued irritation, the 30th dilution was given in five drop doses, night and morning, and of *dulcamara* in consequence of the specific cause. At the end of six days she was much better. Mrs. M. remained in Edinburgh for four or five weeks, and when last seen the *constant* desire was *quite* gone, there were calls to urinate only every two hours during the day, and she had to rise only once during the night—which was not oftener than might be expected at her age—and she had sat out the whole service in church with comfort. The constipation she had suffered from previously was also removed, but whether that was the effect of the medicine or not it is difficult to say. It possibly was by the relief of sympathetic irritation of the nerves of the rectum.

2. As to the other divergence of opinion alluded to, we simply make the following quotations, first from an article on *The Law of Similars*, by Dr. Lippe, in the *Modern Organon* for April, 1878. He says there: "Our knowledge of drug action andth eir sick-making power is *limited* (italics not his) to the symptoms observed by the provers;" and again, "The totality of all discernible symptoms is to the homœopathist the only basis of therapeutics." The evident conclusion from these two quotations is, that with one section of the followers of Hahnemann the sum total of all the symptoms observed by the provers is the *sole* indication in the choice of the curative remedy. This is made plain from other expressions in the same article, such as—"... we cannot apply the law of similars successfully if we attempt first to find the so-called pathological condition of the sick by the aid of physiology and pathology."

One quotation will give us the position of the other

section of our school. Of its adherents, Dr. Hughes says: "They prefer to work the rule *similia similibus* with pathological similarities when these are attainable." To this I would only add that these similarities are often a surer and shorter road to the curative remedy than that by the pathway of symptomatology, as in the following case, in which, indeed, they were the only road.

His mother fancying him looking languid for some time, sent for me to see J. D., a very overgrown lad of 14. "How do you feel?" "Quite well; I never felt better." "Have you no pain or abnormal sensation of any kind?" "No, none whatever." I cross-examined him minutely, but failed to elicit a single subjective symptom. The skin was normal, pulse 65 and normal, but the thermometer showed a temperature of 103. The area of cardiac dulness was normal. There was distinct *fremissement cataire*, and auscultation revealed a reduplicated pulmonary second. In the mitral area there was present a rather puzzling *bruit*, partly presystolic in time, and ending with the first sound, which it obscured; but instead of the "r r r b," by which the auricular systolic has been represented phonetically, we had only the final sound—that is, the vocalisation was that of the auricular systolic with the sound of the three r's left out. The liver was very easily defined, and extended to the umbilicus, but was not tender on pressure. The question now came to be, was this a case of endo-carditis, with stenosis of the mitral and a liver secondarily congested, or was it primary congestion of the liver, the heart suffering from the consequent blood-stasis. I took the latter view. For the reasons already stated, *Aconite* in doses of one drop of 1x, taken four times a day, was ordered. Under this the temperature soon fell, and then a drop of *nux* 1x was given for the portal congestion. This steadily, though slowly, reduced the hepatic enlargement, and as soon as the liver retired to its normal limit, the physical signs entirely disappeared from the heart.

Let us now take a look at the other side, and see if the most perfect knowledge of the pathological state of our patient is the *sole*, or even the best guide.

Miss G., æt. 64, was under treatment for some time for an obstinate attack of jaundice. The left lobe of the liver projected about two inches beyond the costal arch, and was of stony hardness. The right kidney was dislocated, and

there was some cardiac dilatation. There was complete loss of appetite, white thick fur on the tongue, with the usual whitish stools, porter-coloured water, and the most troublesome itching of the skin. She had no pain or any other symptom but those just mentioned. The case resisted *mercurius* in every form, in all strengths, *nux* strong and weak, and indeed every medicine selected according to supposed pathological similarity. She lost flesh rapidly, and at length the emaciation became extreme. At this time one of our best men saw her, gave a very unfavourable opinion, stating that he could not say positively, but he feared, from the liver being so very hard, that the case was a malignant one. A few days after this I was sent for in haste during the night. I found her complaining of violent pains at the scrobiculus cordis, intense nausea, but not much retching, with great giddiness, objects apparently moving. From the symptomatology there was no difficulty in selecting *kali bichromicum*, a pilule spoonful of 3 (the only strength at hand) being ordered every two hours. On visiting the patient some hours after I found the symptoms were all worse, but feeling sure of the remedy No. 4 was substituted, and three pilule spoonfuls of it were given every four hours. Under this the symptoms soon disappeared; in less than a week the jaundice had passed off, and in a few weeks the liver was normal in every way, and nothing remained of her former state but the cardiac dilatation. Years have passed, she continues quite well, and leading as active a life as anyone, without any threatening of a return of her hepatic trouble. The consultant being sceptical as to homœopathy being equal to such a case, I obtained permission for him to see for himself, and the next time I met him he frankly acknowledged that the cure was complete.

Neither of these ways, therefore, will apply in all cases that are met with. In diseases of that class in which the symptoms show in one organ when the mischief is elsewhere, as we find in menorrhagia, and in many chest, liver, and stomach cases, the pathological indications are our best guides. In asthma of neuropathic origin where shall we find a *simile* or *similimum?* and again, in bronchial asthma, most cases are permanently relieved, not by the aid of symptomatology or the use of pathological or of physiological indications—not by a study of the *Materia Medica* or *Repertory*—not by the administration of large,

medium, or infinitesimal doses—but by all these means combined.

In the first of these two cases we saw that there was no symptomatology whatever, and that the case was treated entirely and successfully "by first finding the pathological condition" . . . . "by the aid of physiology and pathology."

In the second there was very little symptomatology at first, and the pathological condition was easily recognised and fully known; but symptomatology in the end led to the curative remedy, and then it was a simple matter to add the whitish stools, which at first, with a clear enough mercurial tongue, might have belonged to this latter remedy. However, I am content to be found fault with for not thinking of *kali bichromicum* sooner, because the point of the case remains the same—a vindication of our invaluable *Materia Medica* and *Repertory*, and taken along with the former case, an illustration of our system as a comprehensive and far-reaching method.

In the first case, the strong *nux* never showed any symptom of aggravating, though in a healthy person it might possibly soon have produced neurotic ailments in the stomach with its neurotic constipation. It was given on the principle stated, of the low relation it was supposed to hold to the condition present, and also because there were no neurotic symptoms in the case, although these are not always a contra-indication for a low dilution, being often not secondary but subordinate, or unconnected with the pathological state. In the second case, the fourth of *kali bichromicum* would have been given at first, as we never use it stronger, and if it had been attainable then, because the relation of this drug is a high one, the second and third decimals being capable of producing physiological effects, and because some of its neurotic symptoms were present. This medicine, like *podophyllin* and others, seems to act physiologically at the second, and often at the third decimal.

It only remains to illustrate pure symptomatology as the guide to the curative remedy.

Case I.

Jan. 17th, 1879. Miss M. W., æt. 39, of fair complexion, prominent eyeballs, and with dark brown hair. Complains of headache across the forehead, in the temples, and in the

eyeballs on movement, with desire to press the parts, and with constant nausea. These symptoms have not been absent night or day for the last fortnight. Has suffered from this form of headache for more than twenty years, and never remembers being free for a month at a time. Suffers much from irritability, especially when the headache is worst. Is constipated—stools large, made up of balls, difficult to pass, and now and again with a little blood. Five drops of *bryonia* 200 were given, a dose every second night, if there was no improvement by that time.

Jan. 24th. Headache decidedly relieved in twenty-four hours, and is now much better. No medicine.

Feb. 10th. Took no more *bryonia* till 6th, and again a dose on the 8th. Had violent headache yesterday, accompanied with the old nausea, but the irritability which has distressed her so long is quite gone. ℞ *spiritus vini* in five drop doses.

April 17th. No return of the headaches, nausea, or irritability, and the bowels regular. Feels much better than formerly.

Nov. 28th. All the symptoms returned. Stools very large, solid, and very difficult of expulsion. Nausea is felt as if at the stomach. Gave *bryonia* 200, five drops every second night, if not relieved sooner.

Dec. 11th. After taking the medicine on the 28th ult. the headache began to wear off in 24 hours: has not returned, and the bowels have acted every day.

July, 1881. Met her when visiting another patient. She says her headaches have not returned.

The next two cases illustrate the value of even one symptom, in the selection of the remedy, provided it is truly characteristic.

Case II.

Mrs. R., æt. 30, had pain in joints for a week before being seen. On Friday found her in bed with wrists, elbows, ankles, and knees red and swollen. Pulse 108, small and weak. Gave drop doses of *aconite* 2x every two hours.

Saturday, rather worse, and by next evening the pain had extended to the hips and shoulders, and the other joints were very much swollen, very red, and so intensely painful that she lay on her back with a constant feeling of dread of any movement. On asking her as to the character of the pain, she said her joints felt as if in a

furnace—a violent burning sensation throughout them all. At 10 p.m. she got the 360th part of a grain of *arsenic*, in the form of the one-third of a drop of Fowler's solution, every two hours. Monday morning the pains were mitigated. Tuesday the burning was gone, and the redness and swelling subsiding, and on Friday she was quite well.

The next case possesses some peculiar features.

Case III.

Mrs. I., æt. 22, was seen in the autumn of 1859 for a very severe attack of acute cystitis, and had been given the consoling opinion by an old-school practitioner of some note, that medicine was of no use in her case, which would end in the perforation of the bladder and the involuntary and constant passing of the urine. On passing a uterine sound the whole of the surface was felt to be thickly studded with small elevations—was quite rugged with them. As soon as passed, the urine deposited a thick, tough, soapy-looking matter, with great distress in voiding it. The pain she compared to the insertion of a red hot wire. Before finding out the character of the pain, several remedies had been given, for two weeks, without the slightest effect. *Arsenicum* 3x, in drop doses every four hours, was now given; but, on visiting her two days after, she said she could not continue the medicine, because about 20 minutes after taking the doses the burning became intolerable. It was stopped, and next day a drop of 3 was ordered. At 10 the same evening a message came to go to her immediately, and one of the family met me at the door, saying she was just then in the third fit she had had that day. When I reached her room the seizure was seen to be evidently a faint, which was soon over. She told me afterwards that she had taken three doses, and had fainted 20 minutes after each, and that the pain was still as it had been. After an interval of 24 hours the 6th dilution was given. There were no more faints, the pain passed away in a day or two, and the deposit was steadily reduced in quantity. The *arsenicum* 6 was continued for a week, and two weeks more saw the patient quite free of her trouble, which has not returned. These three cases have been selected because the guiding characteristic symptoms were so pronounced as to serve well for illustrating exceptional modes of utilising our system.

As to Case I.—Having often witnessed the rapidly curative effects of *bryonia* 30 and 50 in purely neurotic ailments, such as piles of neuropathic origin, and wishing to try an experiment with 200 in the first case met with in which we really had a *similimum* such as we have here in this general neurosis, with seven or eight characteristic *bryonia* symptoms, Mr. Pottage kindly offered to run it up in the usual way. It is, therefore, neither a Jenichen nor a Fincke. At her first visit she was told that we might try, but the headaches I feared were of too long standing to be removed, though there was one medicine which might mitigate them. She had, therefore, no expectations of cure. I think we must look upon the case as a genuine cure by a high dilution. It ought to be mentioned that she had a sluggish liver, which remained untouched, the medicine removing only the neurotic ailment. We have, in this case, a neuropathic constitution affected with a general neurosis, and that is *the* field for infinitesimals, the difficulty still remaining as to how there can be any *bryonia* left at the elevation of the 200th dilution.

In Case II. we have only one characteristic symptom, with, by its guidance alone, a speedy and complete cure.

In Case III. the features are, one characteristic arsenical symptom, aggravation of it twenty minutes after every dose, faints, or the neurotic action caused by No. 3, occurring also twenty minutes after the dose, and relief under No. 6. If imagination or hysteria had had anything to do with these faints they would have recurred most certainly when taking six, for it was explained to her that the medicine was the same but weaker.

Let us now take a rapid glance at the treatment of Primary or Acute Sthenic Pneumonia, to which alone these notes refer.

Most authors state that this acute inflammation (for which Specific Pneumonia would be a more correct term) cannot always be traced to chill, while Baehr thinks that electricity is one of the causes; but this is not a sufficiently definite statement, for from observations extending over five years, the details of which there is no time to give now, I think that it is certain changes in the tension of atmospheric electricity or terrestrial magnetism, whichever term we prefer, that exert such great influence on the nerve centres. Whatever be the cause of this form of the disease the

mode is the same—the toxic dynamic influence acts as an irritant to the nervous system.

In the one case the influence acts directly, but in the other, the chill—"through the sensory nerves of the skin of the chest, which has its nervous connection with the organ beneath—conveys an impression to the nervous centres which become depressed," the vessels in the lung dilate, engorgement takes place, and arterial tension or, in other words, blood pressure rises. It is now admitted that there is a stage of intense arterial injection prior to engorgement, giving the lung a bright vermilion colour; and Stokes, who first pointed out the existence of this stage, found portions of the lung outside the pneumonic area showing this condition—that is, in the upper portions of lungs in the lower parts of which Laenneck's first and second stages existed. This first stage has often no physical signs, but if any can be detected it is only harsh respiration. I believe Morehead is correct in his reasoning, for, going on the generally received opinion that inflammation is an altered state of the nutritive processes of a part, he argues that the capillaries of the bronchial or nutrient artery of the lung, cell walls included, are those alone concerned in inflammation of these organs. He thinks we cannot consider that the blood of the capillaries of the pulmonary artery takes part in the nutritive processes of the cell walls—that these vessels only convey venous blood to the air cells for the purpose of aëration. This view accords with the discovery of Stokes, as the bright vermilion colour of the lung points to the capillaries of the bronchial as alone concerned in this first stage, for, as Fox suggests, this tint is not given by congestion of the capillaries of the pulmonary artery. In further corroboration, Virchow says that pneumonia occurs in parts from which all supply from the pulmonary has been cut off by occlusion of its branches.

To be brief, then, we may state that engorgement of the cells does not take place till this first stage of intense arterial injection, in which the capillaries of the bronchial are alone concerned, has lasted for it may be a day or two; and, according to Morehead, furnish the reason why dyspnœa and other special symptoms are not present till the amount of blood to be aërated gets out of all proportion to the aërating surface. (See Case II.)

In the treatment of this form of the disease *aconite* is

able to effect nothing, because, pathologically, it is not a special irritant of the part or track affected, and the state of the heart in the early stages is not that caused by the physiological action of large doses of the drug. Again, symptomatology does not suggest it, as far as the state of the nervous system is concerned, for it is exactly the reverse of the restless anxiety of this medicine. Once, however, I saw it speedily curative, but in the last stage—complicated with rapidly developed jaundice, and with only a small portion of lung implicated—in which the heart was steadily and quickly failing, and death by asystole imminent.

Antimony, phosphorus, bryonia and others have been tried perseveringly in a large number of cases, but, as with *aconite*, there have never been seen indications of any of them being equal to the *arrest* of this acute sthenic type, though we see all these remedies act beautifully in other forms.

As an inflammation, it is unique in its tendency to sudden and rapid defervescence, and because it now and again occurs in an epidemic form, but not so often as other diseases of that class; and whether it comes sporadically, or as an epidemic, toxic climatic influences play a large part as the exciting cause in its production, along with a predisposition in the individual, that predisposition being a depressed nerve-power, whether natural or the results of exhaustion from a combination of over-heating and over-fatigue.

As in very many cases there is very little or no symptomatology we require to look for pathological similarities.

The nearest physiological analogue seems to be *digitalis*, with fractional doses of which for a number of years past I have been able to imitate the natural resolution or defervescence of this disease, without its dangers, in from six to twelve hours, with the same rapid relief to arterial tension, the same sudden fall of temperature, and *pari passu*, speedy relief of the characteristic apathetic prostration and muscular enfeeblement, while the physical signs not only quickly disappeared, but the lung has in *all* the cases recovered *perfectly*, without a trace of mischief left behind, even when the upper lobe and apex have been the seat. This last is the most valuable evidence in favour of the remedy, as is also the arrest of the disease in so short a time, because everyone is aware that in these situations, especially the left apex, in which its occurrence is very rare

indeed, it has not only no tendency whatever, but the reverse, to terminate in resolution.

The totality of all the "morbid phenomena"—to use Hahnemann's expression—that is, the totality of all pathological indications, of all physiological signs, and of all subjective symptoms would be a perfect *similimum*; but as that is seldom attainable we must utilise the characteristic signs and symptoms we find; and, in pathological prescribing, we do not require to go so near a *similimum* as with subjective symptoms, and this is one of its advantages of which we have illustrations in the cases already related.

There is no necessity, even if there was time, to go over all the experiments performed in recent years with this drug, as everyone is familiar with them, but we may note one or two points of correspondence. In the condition of the nervous system witnessed by the apathetic prostration and muscular enfeeblement seen in the early stages of the action of both toxic influences, and they are very similar; also in the culmination of the action of both resulting in the sudden fall of arterial tension, with the weak, small, and often indistinct pulse, the paralysing effects allowing the arterioles to dilate and the blood to flow through them and fill the venous system. In case II. this early prostration was well marked. Both appear to be special toxical irritants of that nervous apparatus regulating the pulmonic circulation, from which we cannot exclude the heart, associated as it is, not only in mechanism, but in innervation. The systemic circulation is implicated but secondarily; the former is the seat of action. The actions are similar, and have the same seat. The inflammation is a specific one, and there seems a special relation in *digitalis* to it. These observations as to a correspondence between the two cases will account for the introductory remarks as to the nature and causation of this disease with which we have, as to causation, an analogy or parallel in malignant measles being nearly always associated with pneumonia, and measles is a catarrhal climatic disease.

As to dose, it has varied from five drops of the first decimal to a drop of the tincture, following the rule already alluded to in pathological prescribing of keeping not far below the physiological quantity; but half-drop doses acted most satisfactorily, whether five of the first decimal or half a drop of the tincture. These doses were chosen because

the drug is one of those bearing a low relation, requiring considerable quantities to produce pathological change or acute functional disturbance; and it is well known that our friends on the opposite side of the house, on the Government benches, give ten drops three times a day for months, or night and morning for years.

In measles the disease is generally of the catarrhal form, but the following was of the type under discussion.

Case I.

On 10th April saw C. D., æt. 14, whom I found with a temperature of 103, and with measles appearing on neck and chest. Drop doses, every two hours, of *aconite* second decimal were ordered. Next day the rash had spread over the greater portion of the body and was confluent. The *aconite* was continued. On the following day I found the temperature had risen to 104.5. There was great prostration, and on examining the chest discovered pneumonia implicating the whole of the lower lobe of the right lung. In this case half-drop doses of *digitalis* were given every two hours. Next day the temperature had fallen to 99.5; he was in every way better, and by the third day the only physical sign was some harsh respiratory murmur, but still one degree of fever due to the measles.

As this case gave no indication how near we were to the physiological dose, we next give a case in which we tried a larger one, and from which it will be apparent, along with the remarks that follow at the end, that half a drop is safe and under the physiological quantity. The case is therefore given more fully.

Case II.

L. D., æt. 15, was overheated and exhausted with his dancing lesson on 5th March, and on 6th felt his chest raw, but was out of bed and going about.

March 7th, 10 a.m. Complaining of being chilly last evening, his mother had sent him early to bed and given him drop doses of *aconite* second decimal all night. Temperature being now 100, ordered the *aconite* to be continued every two hours.

8 p.m. Temperature still 100, respiration a little harsh, nothing more, and no dulness on percussion. No cough, but complains of some pain in the back.

March 8th, 10 a.m. Temperature 99; feels so well and strong that he considers it harsh usage to be kept in bed. Lung same as last report. The *aconite* only every four hours.

Was called to him late in the evening, and found that after the morning visit he sat up in bed for some time reading, and then felt he had got a fresh chill. His mother took his temperature, and finding it 102.2 gave him the *aconite* every half-hour till 1 p.m., when finding the temperature rising she gave him drop doses of 1x every two hours. On my arrival between 10 and 11 p.m., I found him with a temperature of 103.2, and pulse 108 full and strong. Skin pungent, and prostration so great we could not induce him to move when I wished to examine the chest, and he had to be raised and held up while this was done. There was now marked dulness over the lower lobe of right lung, with increased vocal resonance, slight short cough, but *no dyspnœa*, and respiration not hurried. *Digitalis* was ordered in two drop doses every two hours.

March 9th, 9 a.m. Temperature 99.5, pulse 84, soft. Physical signs improved. Reduced the dose to half a drop.

10 p.m. Temperature 99.5, pulse 72, soft. Physical signs improved and prostration gone. Continue the half-drop dose.

March 10th, 10 a.m. Temperature 99.5, pulse 65, only harsh breathing to be heard; no dulness.

March 11th, 11 a.m. Last evening—that is about fifty-four hours after the setting in of inflammation—perspiration, with a sudden fall of the temperature to 96.5, at which it still stands, set in. To-day he is nearly well and not feeling weak.

We have here a case in which there had been no doubt the existence of Stokes' stage for a day or two, the second chill causing the full development. The absence of dyspnœa pointed to the fact that the second stage was not far advanced at any rate, and that engorgement of the capillaries of the pulmonary had not taken place to any great extent.

The peculiarity in this case was the arrest of the rapidly falling temperature, at one degree above the normal, its remaining there for thirty-six hours and then the occurrence

of a small crisis, and a sudden drop of three degrees—a slight defervescence in fact, caused, I believe, by the dose being too near the physiological one.

Andral and Stokes agree in the opinion that the solidity of acute pneumonia arises not so much from deposition of lymph as from an excessive congestion of blood, and that this accounts for the rapidity with which solidity will appear in the typhoid, or secondary form, and also for the rapid resolution in sthenic cases.

In the following case an intermediate dose was tried.

Case III.

Mrs. C., æt. 38, the subject for a good many years of chronic pneumonia of the right apex. After undue exposure, in going from her warm rooms into the open air on a bitterly cold day, experienced rigors, went to bed and took *aconite* 2x for thirty-six hours and then sent for me, when I found the temperature 103.5 and the whole of the *upper* lobe of the *left* lung pneumonic. Gave *aconite* 1x every three hours. Next day the temperature was 105.5—very high even for pneumonia—the *dulness absolute* over the whole lobe, even to the apex, and the auscultatory signs more marked. Mixed up some *digitalis* and ordered a spoonful, equal to a drop, every two hours, and after four or five doses the temperature began to fall. Next day the tension was greatly reduced and the temperature normal. The dose was then reduced to half a spoonful, or half a drop, which was continued daily, but at longer intervals; resolution went on rapidly, the physical signs speedily disappeared, and in less than a week none could be detected. This case occurred some years ago; that apex has not only remained perfectly clear and well, but the right, affected also on this occasion, has been ever since less troublesome than before. This case corroborates Andral and Stokes' view, for, had there been a deposit of lymph, it could not have been removed in this rapid manner, from an upper lobe at any rate. This being an apex case is better evidence of the power of the remedy.

Case IV.

When I first saw E. C., a girl of 12, with a very feeble constitution, she had been under allopathic treatment for six days. Temperature was 104.5, and *both* lobes of *both*

lungs—or double double pneumonia—up to the apices presented the usual signs of acute pneumonia, the dulness not so marked anteriorly, but *absolute* posteriorly. Prostration was so great nothing would induce her to move or speak. *Digitalis* was mixed up in the usual way and half a drop given every two hours ; next morning the temperature was 98.5, physical signs improved, and patient more lively. That evening she prevailed on her mother to allow her to sit up she was feeling so well, but she got a fresh chill, and next day I found her with acute pleurisy of the right side. *Aconite* had to be given alone for this, followed by *bryonia*, but by the time the pleurisy was pretty well subdued, the lungs were worse than before. I had to temporise, by giving half drop doses of *digitalis* and a drop of *bryonia* 3x in alternation. Both diseases steadily, though slowly, gave way, and, as in the last case, the upper lobes and apices cleared completely and perfectly, and now, after fifteen months, she has had no return of cough or ailment of any kind.

From the latter portion of the history of this case we see that the *aconite* did not influence the progress of the pneumonia ; and we learn that when we have two diseases owning different seats we may alternate the medicines that correspond in their action with advantage. This may be well illustrated, as well as the necessity for it, by the case of Mrs. C., who, in the eighth month of pregnancy, was seized with lower left lobe pneumonia, and along with it one of the most severe attacks of erysipelas of the head and face I have ever seen. *Digitalis* and *belladonna* were given in alternation. The arterial tension fell, but the erysipelas kept up the temperature, and she made a slow, but complete, recovery from both.

Half drop doses and five drops of the first decimal have been given in other cases, and in all the tension and temperature fell in less than twelve hours, followed by rapid resolution and disappearance of all physical signs.

Discussion.

The President felt they were all indebted to Dr. Bryce for his paper, which, while containing much admirable matter, would on some points probably excite discussion.

Dr. Blackley thought that he had not for many years listened to a paper of greater interest than that just read. He was

particularly struck with the remarks about the eccentricities of drugs. In his own case he could use pure *arnica* to a wound o the skin without any other result than its curative effect, and that a rapid one. He had, on the other hand, some patients—indeed all have—to whom the application of *arnica*, even in a diluted form, would be very serious. Again, he had met with one case very lately where a drug of the same natural order of plants (*calendula*) produced apparently all the effects to which he had seen *arnica* give rise. He happened to be called in late one evening to a patient, and, as was his usual custom when he did not know the constitutional tendency of the patient, he used *calendula*. The patient had incurred a sprain in jumping off the table. He mixed a lotion of *calendula*, and applied it. Before 6 o'clock in the morning he received a message, begging that he would send something to allay the intense burning that this lotion had produced. He had never seen this effect produced by *calendula* before, and rather doubted that it was due to that agent. He sent something that he thought would help to allay the irritation, and went over as early as he could in the morning. He found inflammation extending to just exactly over the part where the layer of lint had been spread; and, to make the story short, he had considerable trouble with the intense inflammation. It was so severe that at one time he thought it would run on to erysipelas. The patient made a good recovery; but he learnt afterwards that a very dilute application of *arnica* had previously acted on him in the same way.

When this question of the eccentricity of drugs was referred to in Dr. Bryce's admirable paper, these cases came to his mind, and he thought it a most important matter. He was much impressed with the whole paper, and with its tone. He had been particularly gratified, and thought that each of them would allow that they had, in hearing it, at any rate to a large extent, been repaid for their trouble in coming here.

Dr. Hughes: I echo very strongly the expressions of appreciation which Dr. Blackley has given utterance to with regard to this paper, and I will not take up any time in adding my meed of praise to that which has been accorded to the author, but will just comment very briefly upon two points. Upon one, I would ask Dr. Bryce why he used the term "synocha," as descriptive of the fever with which his patients were affected. As I understand synocha, it is inflammatory fever—not necessarily fever accompanied by acute local inflammation, but having the same character as that of which it is symptomatic. I should rather have thought that it was synochus, and I think it is for synochus that the remedy alluded to is so well fitted.

Then as to the case of jaundice. I should suggest that instead of the subsidence of the jaundice being a medicinal effect, it was, as Dr. Bryce said, a case of obstructive jaundice. There was probably a gall-stone blocking up the gall-duct, causing the congestion and almost solidification and hardening of the liver behind it, and that when the attack of pain came the gall-stone was impacted and then escaped, and having done so the patient recovered. That seems to be a more plausible reading of the history of the case than the supposition that the medicines produced any change in such a time as that stated.

I would submit that for Dr. Bryce's consideration and for that of my colleagues; but the part of the paper which is most interesting, and to my mind the most puzzling, is the experience that Dr. Bryce has had in pneumonia, and his whole account of the disease and its treatment. I quite agree with him as to the stage that Stokes has described and Waters commented upon—the state before that of hepatisation. I quite agree with him as to the inadequacy of *aconite* to deal with that, and the reason why. What has struck me most in pneumonia is this: it begins with high fever, and I have generally found the temperature the first day or two about 105; and that is one of the indications that leads me to suspect that pneumonia is impending. High temperature and hurried breathing, without any physical sign, make me almost certainly expect pneumonia to be setting in. *Aconite*, as I say, is quite inapplicable to such a condition as this, but I have seen *bryonia* touch it with remarkable rapidity; and if ever I have seen pneumonia broken up it has been by *bryonia*. And that I quite understand; because *bryonia* is a specific irritant of the lung tissue. In animals, by post mortem examinations, that is ascertained, as well as by the symptoms of provers; but how *digitalis* can act in such a case (if this is the class of cases that Dr. Bryce is describing) I am puzzled to understand. It is a drug that does not produce acute inflammation anywhere, certainly not in the lung. The symptoms seem to be, primarily, pulmonary, and I almost fancy that Dr. Bryce must be describing a different class of cases—cases in which the condition of the circulation is the primary evil, and in which the state of the lung is rather to be described as that of congestion than that of a real primary inflammation. Such cases I have seen. There was one very striking one, which was recorded in the *Annals* of the society by Dr. Meyhoffer, of Nice, and which I have had the advantage of seeing, and he adduces strong reason for the belief that the circulation was the primary evil, and that of the lung secondary. There we have a high temperature, but the history of the case was not typical of pneumonia. I can quite conceive *digitalis* acting well there; and the cases Dr. Bryce has described are very striking as to the efficacy of the drug; but in cases such as those

I have described—which seem to me to be instances of typical pneumonia—I should hardly expect it to be useful. I should, however, expect the most perfect result from *bryonia*, and sometimes from *phosphorus*. Dr. Kaffka has laid great stress upon this and upon the inadequacy of *aconite* in such cases, but recommends *iodine* and *bromine*, because he looks upon the inflammation as croupous. That is almost too pathological for me, I confess. Because *iodine* and *bromine* do not inflame the blood through the circulation—as *bryonia* and *phosphorus* do—they are effectual. Nevertheless, he reports very good results.

The analogy of measles seems to me hardly illustrative of the matter. It is exceedingly rarely I think that we get catarrhal pneumonia; it is what we call bronchial, that is, acute bronchitis involving the ultimate air cells, not by extension, because there is no mucous membrane by which it could extend into the air cells, but by the condition of the patient, inducing high fever and rapid asphyxia, unless you can check it. But there we get the best results from medicines like *phosphorus* and *tartar emetic*. I would, therefore, ask Dr. Bryce to tell us how he understands or explains the apparent discrepancy between his description of acute pneumonia and that which is recognised in our text books, and which corresponds, in my experience, with the tendency of the disease. That is a matter which struck me most of all in Dr. Bryce's excellent paper; and it is a paper in which, I think, we shall all be interested, because pneumonia is a disease that is frequently coming before us, and one as to which we need all the light that it is possible to obtain in its treatment.

Dr. Drysdale agreed with the previous speakers in the high estimate expressed of the merits of the paper. With regard to the principle laid down in the paper that medicines which acted through the nervous system should be given in smaller doses than those which acted directly on the tissues, he felt disposed to agree with the author, and he thought that an explanation of the principle could be found in the circumstances of the difference of the seat of action in the two cases. When a medicine acted directly on the tissues every part of them must receive one or more molecules of the medicine directly, and combine with the living matter of the tissues, and the action is thus in the direct ratio of the quantity as it were. But when a medicine acted on the nerve-centre and restored the activity of the said nerve-centre, then an amount of nerve-force may be liberated incalculably greater than the influence of the medicine expended directly on the nerve centre. In fact it is like the rush of health let out by the small force necessary to turn the cock of the exit pipe.

Dr. Proctor: A very interesting point to me in Dr. Bryce's

paper is that as to the use of *digitalis*, which has been already adverted to by Dr. Hughes. I was struck by the case, and the improbability, *a priori*, according to my own experience and knowledge of the drug, of its being indicated; for if we know anything of the action of *digitalis*, it seems to me to be pretty certain that it is a drug characterised in its pathogenesis by coldness, and the general low depressed conditions that we find under the old term synochus, and that it is rather contrarily indicated by a considerable rise of temperature, and it would be the last drug that would be used, according to my mind, in such a disease as pneumonia. But if the case that Dr. Bryce alludes to will stand scrutiny, we have a condition presented to us that must not be lost sight of, seeing that we require all the resources at our command. I am reminded of one case that I treated by *digitalis* that has a slightly collateral bearing on Dr. Bryce's paper. It was one of chronic nasal catarrh, leading occasionally to bronchial catarrh, occurring in a lady of very slow circulation, and with an occasional tendency to blueness of the extremities, but it was decided catarrh. On looking over the pathogenesis of *digitalis*, we find that it is only too clear that it does produce catarrh of the mucous membrane of the stomach, particularly as shown by the extreme irritation and the tendency to jaundice, which is probably of the same catarrhal nature. In this case I gave a number of medicines without the slightest benefit, but under the influence of *digitalis*—led to it chiefly by the depressed circulation and the blueness of the extremities—the catarrh disappeared, and what had been a chronic trouble, pretty well disappeared altogether. I think the lady is suffering scarcely one-hundredth part of the inconvenience that she used to during the winter months; and as to the cases of pneumonia referred to in Dr. Bryce's experience, I would suggest that they were cases of catarrhal pneumonia, that they had begun in the upper part of the lung, had crept down slowly, and were of that synochus character and depressed tendency that *digitalis* more probably covers. In these cases I think it is always well to bear in mind the possible source and formation, the temperature to begin with. The tests we usually rely upon are not absolutely infallible. The action of the thermometer—unless we have one adjusted at head-quarters, and found to be correct—is apt to lead us astray. That is just a loophole, and I would suggest whether the diseases dealt with in Dr. Bryce's paper were not more of the synochus character than of the synocha.

Dr. Hayward: Dr. Bryce's paper has given me very great pleasure and some information. I think, with Dr. Drysdale, that the case of jaundice scarcely bears the explanation that Dr. Hughes has attached to it. But the idea that occurred to me is this: a corroborating again the necessity of not isolating and fixing

pathologically upon some particular part of your patient's condition, but to try to look upon the patient rather than the disease. Now attention has been drawn to pneumonia; but it seems to me that pneumonia in those cases has only been a part of the patient's ailment, and that the patient was really before us and not the part—pneumonia. They seem in each case to have been patients who had been already depressed and low. Cases of chronic pneumonia, pneumonia after severe exercise, pneumonia in a pregnant woman, and so on, seem to be not pneumonic patients only, but really patients *to be treated*. And here I think we shall find the reason why *digitalis* was the drug that effected the cure; *digitalis* cured the patient and the pneumonia at the same time. The condition to be acted upon was the vascular state that was prepared for the *digitalis*, the pneumonia being a part thereof.

I am led to make these remarks partly by my own experience in another direction. I, some time ago, was treating patients in an epidemic of measles, and the great characteristic of the attack was a relaxed vascular condition, showing itself in connection with a hemorrhagic state; certainly the patients had got measles, and had received it by infection from measles patients. *Crotalus* cured them, and cured them rapidly, as rapidly in proportion as Dr. Bryce's *digitalis* did his pneumonia cases. We put down *crotalus* for measles, but I beg to remark that the real explanation is that we treated the patient and not the disease. If we bear this in mind I think we shall feel indebted to Dr. Bryce for having drawn our attention to the treatment of pneumonia by a medicine which is not usually considered a pneumonic one.

Dr. Clifton (of Leicester): I would like to make a remark as to the liver being so diseased. Some four or five years ago I saw a case somewhat similar to that Dr. Bryce has described. The left lobe of the liver was very much enlarged sometimes, and diagnosis very difficult: there was jaundice. The patient continued for something like a year sometimes better and sometimes worse. No definite symptoms of organic disease were arrived at until suddenly she was taken with severe pain in the stomach; there was perforation of the posterior wall of the stomach; a cyst was apparent, and it had emptied into the stomach. Now this cannot be anything like the case described in the paper, and Dr. Bryce will probably tell us whether anything was found in the stools after an attack, or whether there was any sickness or diarrhœa after the lady got better; but the pathological condition of *kali bichromicum* and ulceration of the stomach led me at once to think of this case, and I should like to know whether there was any sickness, or diarrhœa, or any gallstone in the cases he alluded to.

Dr. Dudgeon: The paper we have listened to from Dr. Bryce

is eminently suggestive and extremely interesting, and I have no doubt that when we see it in print it will give us a great deal of cause for reflection. Many of us may, perhaps, not altogether agree with the theoretical opinions put forward, but all must admire the skill with which Dr. Bryce has arranged his facts and brought forward his arguments. The only subject upon which I would make a few remarks is on the pneumonic cases that he brought before us, and which (it may be from the short way in which they were detailed, or it may, perhaps, be from my deficiency of hearing) did not strike me as being representative cases of what we call croupous pneumonia. Speaking from recollection, I do not remember that the condition of the sputa, which is so characteristic of the disease, was mentioned. We are familiar with what occurs, and the termination of the disease in those cases seems to differ very much from what most of us, I believe, have experienced in our own treatment of it. Now Dr. Bryce laid particular stress upon opinions of some eminent pathologists, that the dulness caused in pneumonia is not to be referred so much to an effusion of lymph in the air cells as to congestion. There are, we know, conditions of congestion of the lungs which simulate pneumonia very much, and which are not accompanied with that croupous formation in the air cells which we consider to be a pathogonomic sign of true pneumonia. Then, with regard to the treatment by *digitalis*, you will observe that Dr. Bryce always gave the *digitalis* in what we may call substantial doses. Now we are all aware that diseases are occasionally curable by the allopathic principle as well as by the homœopathic. Although the *contraria contrariis* is not so often applicable as the *similia similibus*, still we must admit that it is so occasionally. Now were not these cases more likely cases of severe congestion of the lungs (Dr. Bryce mentioned that the temperature was elevated in all of them) in which the *digitalis* acted according to its well known allopathic action, as shown by the frequent cures that are effected by *digitalis* under the old system of practice. I just mention that because it would seem to reconcile the action of *digitalis* in those two cases with a principle which we acknowledge in medicine, but which does not strike most of us as having been a homœopathic application of the drug.

Dr. Dyce Brown: I must join in the general praise of Dr. Bryce's able paper, which I have had much pleasure in listening to, as indeed we all have. Evidently the most interesting point, as we see from the remarks of other gentlemen, is the question of the action of *digitalis* in pneumonia, and the general opinion expressed as to the nature of pneumonia; but I think that the really important point in the paper, and the one we should keep most prominently in view is, the remarkable effect of the action

of *digitalis* in the cases cited, cases in which the temperature was very high; and I think we should adopt Dr. Dudgeon's suggestion, and study the cases recorded in the paper after it is in print, and observe more carefully, if we can, which those cases are where *digitalis* will produce such remarkable effects. I think we are very much indebted to Dr. Bryce for bringing forward the important point of the action of a medicine which, as other gentlemen have suggested, we should not have selected *prima facie* as a pneumonic remedy. I am sorry to say I cannot at all agree with Dr. Dudgeon's suggestion as to the allopathic action of *digitalis* here. What I have found in the use of *digitalis*, and I daresay others have done the same, is that half-drop doses of mother tincture are as far removed from allopathic action as possible.

Mr. Black Noble: Two drops to begin with.

Dr. Dyce Brown: Well, or even two drops. One other point I might allude to, viz.: the use of *aconite* in the early stage of pneumonia. It was suggested that it was of no use. Dr. Hughes applauded that statement, and then expressed the opinion that for pneumonia in its primary stage, before consolidation occurred, *aconite* was of no use. My experience is that those are the cases in which it is so successful. In the very early stage you can often prevent pneumonia from developing itself further by *aconite*. Often have I seen it in the preliminary stage—pneumonia being unmistakably present—removed, or cut short in fact, by *aconite*; even where the physical signs are distinct it removes it entirely. One case illustrative of that, and it is a very good illustration I generally quote in my lectures when advising the use of *aconite* in pneumonia. That is a case where a child had been out one day in a cold wind and had become chilled. The illness dated distinctly from that time, and did not commence earlier. There were marked symptoms of pneumonia present—not only fever with a high temperature of over 102, but dulness of the left apex with cough. There was no expectoration at that time. I put her on *aconite* alone every two hours, and next day I found the temperature normal, the pulse normal, and the dulness had almost disappeared; in fact the physical signs had almost entirely gone by next day, and she was nearly free of the cough. That was a case where the physical signs were unmistakable, and the disease was cut short by *aconite*. I believe that in the very early stages of pneumonia *aconite* will often prevent it going further.

Dr. Hughes: I should call cases such as that cases of acute congestion of the lung, and not pneumonia. That is the difference.

Dr. Dyce Brown: It precedes consolidation in which aconite was said to be of no use.

Dr. Hughes: No; I do not think it is pneumonia at all. It has a different history I think.

Dr. Wolston: I join in all the praise that has been accorded to Dr. Bryce and his paper. However we may explain the action of the remedy which he used, still, I think for the short duration of the illness in all the cases he has named, coupled with the physical signs which he gave us, although the sputa was omitted (perhaps he can throw some light upon what it was presently) there can be no doubt as to the correctness of his statements. That they were cases of a pneumonic nature is manifest, and the illness was very much briefer than in most cases. The late Hughes Bennett paid great attention to the subject. When I was with him in 1876, as his clinical clerk, we had altogether, I think, in the wards, twenty-six cases of pneumonia between the 1st May and the 25th July, and the average duration of the cases under our care was thirteen days; and I think, certainly, that the period of illness in Dr. Bryce's cases was very much less. If we enquire how we can explain the action of *digitalis* in these cases, it would seem to me to come through its positive and primary action on the heart. Dr. Bryce referred to the fact that the innervation of the heart and of the lungs is presided over largely by the same nerves, consequently although it is perfectly evident that *digitalis* has no direct action upon the lung-producing pneumonia, still, through its action on the heart and through the innervation of the lungs, governed by the same nerve presiding over the heart, the reflected action on the lungs may be explained.

The President: May I ask was it the expectant treatment that Dr. Bennett used?

Dr. Wolston: We used nothing in the pneumonia.

The President: Nothing?

Dr. Wolston: Well, I will not say that; but we used no drugs or specific treatment, with two exceptions, and that was on two occasions when we bled. In cases of intense coma, or double pneumonia, on two occasions we bled, with the effect of restoring the patient; and again, but some years ago, I saw a case in private practice, which I omitted to mention, of a well-known man in Edinburgh. He was suffering from double pneumonia, was lying at the point of death, and some friends at length came and asked me if I would see him. The ordinary physician declined to meet me. I went, and found him *in articulo mortis*; it was manifestly a hopeless case; the man was comatose, the heart was beating wildly, and quite unable to pass any blood through the lungs, but recollecting what had taken place in my infirmary practice, I—and it was the only time in my life since I had been in practice—bled the man to

the extent of 10 ounces, with the effect that he became conscious, bade farewell to his wife and family, and died. The case was hopeless from the first, but I was very much impressed with the value of relieving the heart and other vessels by the abstraction of a certain quantity of blood. The patient was a very strong fellow. I am certain that had the blood been drawn forty-eight hours earlier he might have come through, but it was too late then.

Dr. BLACKLEY: I have asked permission to say one thing more. Years ago a friend of mine lent me an old book by Dr. Saunders, of Edinburgh, which had reference to experiments upon the action of *digitalis*, and I was particularly impressed with the account it gave of the tendency of the drug to produce congestion and effusion of blood in the various organs; and it has occurred to me that this might, perhaps, confirm the homœopathicity of its action in Dr. Bryce's cases.

Dr. BRYCE, in replying upon the discussion, said:—Mr. President, I am much obliged to Dr. Hughes, in the first place, for pointing out my slip as to synochus; my use of it was inadvertent. As to the case of jaundice, there is not the slightest doubt, I think, that Dr. Hughes' view of it is quite a mistaken one. The lady was ill for several months; she was suffering no pain nor disturbance of any kind; and the liver was, as I mentioned, as hard as granite, and, I believe, that the case originated in a gouty condition, with some irritation in the gall ducts, or in the ducts generally, gradually leading on to congestion and induration; and I quite believe that the rapidity of the action of *kali bichromium* was enough to show that it was perfectly specific. There was no sign of any gall-stone, or anything of any kind to make it questionable in my mind.

Dr. HUGHES: What was the cause of the "sudden acute pain," then, Dr Bryce?

Dr. BRYCE: The sudden acute pain is as commonly caused, in my experience, by a spasm in the bile ducts as by anything else; and I may say that I have frequently relieved that pain when it is in the region of the gall-stone pain in a very, very brief time with drop doses of *aconite*. On one occasion, in 1866, I came in from visiting a patient who lived a little way from my own house. I was so ill at the time that I had to hold on by the wall of the houses as I went along. When I came in I was looking so ill that my wife thought I was just dying. I was suffering intense agony at the pit of the stomach, and, as I was not able to do it myself, I asked my wife to feel my pulse. She counted, and it was only 44. I then said, "Give me a drop of *aconite* every ten minutes." She gave me a drop, and came back in ten minutes to give me another, but I was fast asleep. When she came back again to give me another dose, I said, "Was I out in

the middle of the night last night? I do not remember, my memory is quite gone." She said, "Yes, you were." "Where was I? was I in any horrible place; there are some things about me?" I felt as though there was something pricking me all over. My clothes had been loosened and my wife looked down. She said, "You are covered all over with large lumps about the size of a pea." I said, "Will you order for me a hot bath, that will perhaps get me free." I got into the hot bath, and had not been there two minutes before the lumps disappeared and the pain came back to my stomach in the same way as before. I again dressed as quickly as I could, went down stairs, got a shawl round me, got another dose of *aconite*, and just in the same way as before the pain was gone and the eruption was out on the skin.

Dr. DRURY: Was it mother tincture?

Dr. BRYCE: No: one drop of 2 x. The pulse fell, the pain was gone, and the eruption disappeared. Cases of this kind you would relieve with the hundredth part of a drop of *aconite*.

Then, as far as the thermometer is concerned, mine are all tested at Kew; therefore I do not think Dr. Proctor need fear that I have made any mistake about the temperature.

As to the pneumonia, there is not the slightest doubt that catarrhal pneumonia is the form which nearly always accompanies measles; and there is not the slightest doubt either that my cases were *not* catarrhal. As to *digitalis*, I have never tried it, and I do not think I could have any confidence in *digitalis* in cases of catarrhal pneumonia; they are totally different things.

I think there is a little misapprehension among some as to the disease I wanted to treat. What I wanted to bring forward was this—that there is a peculiar condition that exists for two or three days—we do not know how many; it may be more than two or three. Stokes says, "After the first stage, with its action on the bronchial capillaries, follows engorgement of the capillaries, and the pulmonary sometimes occurring as an epidemic. It is produced by climatic influences of some kind; and this is a disease which, coming on in this way from climatic changes, is a little different from the ordinary croupous pneumonia. It is a condition which, if not checked in the early stages, will lead to the deposition of lymph as in other cases, and what I wanted to bring before you was that this is produced by a specific climatic influence, and that the *digitalis* seems to me to produce an influence upon the same tract that climatic influence does. At the culmination of the action the arteries dilate, and allow the blood rapidly to run through and fill the system. I wanted you to watch and see, if you met with such cases, whether this could be arrested, and pneumonia not extend to the actual deposition of lymph. The little girl, whose case I referred to, had all the symptoms and

signs of ordinary croupous pneumonia—intense dulness, bronchial breathing, &c. The other case, you will observe, was caught in a stage before we should expect the characteristic sputa. There is the disease that Dr. Hughes says is congestion; but then there is congestion in every case of pneumonia before the croupous condition is developed, before there is any lymph deposited. You have never the deposit in the air cells at once.

I have mentioned in my paper one or two other cases; and the case my colleague, Dr. Wolston, refers to, is one of the action of the heart. I had all that put down in regular order; I had different headings, and that was one of my headings, the powerful action on the heart in the early stages of pneumonia corresponding with *digitalis*. Then there is another that I did not refer to, in consequence of the character of the cases that I meant to indicate being rather misunderstood. In the case of poisoning by *digitalis*, reported by Handfield Jones, he says that the lung was congested, almost hepatised. He explains this condition by saying that the right heart had failed, and in consequence of the failure of the right heart the lungs had got hepatised; but that was the object with which I introduced my first remarks about the etiology of pneumonia. The hepatisation is not the action at all of the capillaries or the pulmonaries; it is connected with the bronchial. The right heart has nothing to do with the capillaries of the bronchial vessels; it is the left heart.

The observation of Jones points to the toxic influence of *digitalis* acting in a very similar way to toxic climatic influence. But we cannot see the effect upon the capillaries of the bronchial tubes; we cannot know what it is, and probably can never find out; we can only reason in that way, and endeavour to find out the relations. That, I think, is a very strong point in reference to it.

There are a great many things I should like to have said, but we are really past our time already, and I must stop. Dr. Dudgeon, however, I think, has not understood me. His remarks refer to a totally different kind of pneumonia—a case of pneumonia beginning with passive congestion from a weak heart. These are totally different cases, and I hold that small doses must be abandoned when you come to those cases; you must give physiological doses of *digitalis;* but the fact that a dose is a large dose does not prove that its action is an allopathic action. That is what I tried to show in the early part of the paper, viz., that there is a relation between the peculiarities of medicine and the effects it produces.

Post mortem. Jan. 7th, 11 a.m. Upon opening the abdomen the intestines about the left iliac region and bladder were firmly adherent. On removing these a large mass of new growth, occupying the left iliac fossa became visible. This extended around and infiltrated the wall of the rectum, the base and posterior part of the fundus of the bladder, and attacked and infiltrated the prostate gland, which was enormously enlarged; the middle lobe projected as a distinct tumour into the floor of the bladder, and almost completely obstructed the urethra. The outer coats of both rectum and bladder seemed the parts most effected, the mucous membrane being comparatively healthy. Liver normal. Kidneys congested, with dilated pelves.

Case II.

Lead Colic: Epileptiform Convulsion: Recovery.

W. N., æt 42. Does jobbing work for a painter and decorator, and sometimes works with lead. Off and on for four years he has been subject to indigestion with constipation. For the last fortnight he has been suffering from severe abdominal pains, with constipation and vomiting of mucus: flatulence. The pains having much increased, he was admitted into the hospital 11th July, 1882, when he was found to be suffering with severe paroxysmal pains, centered chiefly about the umbilcus; borborygmi, with belching of flatus; rigidity of abdominal muscles; constipation; is occasionally sick; tongue flabby, with a white fur; well marked lead line on both upper and lower gums; no paralysis. ℞. tr. opii ϕ mj. Aquæ ℥ss. every two hours.

July 12th. This morning, about 11 o'clock, the patient was seized whilst in bed with a well marked epileptiform convulsion, lasting a few minutes; the convulsive movements of the limbs were general, and not more on one side than another. When he recovered he stated that he had never had such an attack before during his life. He had been a hard drinker. He is certainly in much less pain.

From this he speedily recovered. The bowels acted, the pain left him, and he was discharged well, July 17th, having had no other medicine but the *opium*, except some *strych. nit.* to take out with him.

Case III.

Ulceration of Throat: Violent Headache: Insomnia: Double Optic Neuritis: Furious Delirium: Recovery with Optic Neuritis remaining: ? Syphilis.

The following case presents points of interest both clinically and from the difficulty of diagnosis.

J. H., æt. 27, a musician, first came under notice August 3rd, 1882, when he stated that he had been suffering for four days from sore throat, that he felt ill, and had a bad headache. Examination revealed excavated ulcers on both tonsils, with a thickly coated white tongue, for which he was prescribed *mercurius bin. iod.*, the case being looked upon as one of ordinary ulceration of the throat. He was seen the next day, when owing to considerable œdema of the uvula and neighbouring parts *apis* was ordered to be taken alternately with the *mercurius*. Temperature not recorded.

Aug. 5th. The ulcers are deeper, with sharply defined edges; there is less œdema of uvula, but there is a small ulcer on the tongue, and at the corner of the lip. Tongue thickly coated with a dirty white fur. Temp. 100. Pulse 88. He was admitted to the hospital.

Aug. 6th. He had a restless and wakeful night; complains very much of a severe pain across forehead. Throat still œdematous and ulcerated with a thick white material on fauces resembling the fur on his tongue. Temp. 99. Pulse 72. There is no rash on the skin, nor sore nor scar of sore visible on penis. No enlarged cervical glands. Patient has been in the army as a bandsman, and is now a member of the Pier band. Three months ago he had a small sore on penis, but does not think he has had any eruption on his skin. For some time now he has been suffering from a constant and severe headache. Ordered *nitric acid* and *phytolacca* to be taken alternately, and a gargle of *carbolic acid*.

Aug. 7th. Temp., 98·4. Pulse, 72. Still great pain and want of sleep.

Aug. 8th. Very restless night with severe pains in head; if not constantly watched he gets out of bed and wanders about the hospital; tries to be without his shirt; says he cannot rest and is so hot. Throat certainly better. Tongue cleaner, but still very furred. Pulse, 56. He looks ill. As he seemed in urgent need of sleep, he was ordered material doses of *bromide of potassium*. When

seen again in the evening he had slept, but prior to the sleep he had been very restless; he is quite rational and able to hold conversation, but only complains of headache. Pulse 56. The ophthalmoscope revealed marked obliteration of the margin of the optic discs, hyperæmia, fulness and tortuosity of retinal vessels, and vessels of the disc. The changes clearly indicated double optic neuritis. At this period the case presented the following symptoms:—Persistent severe headache; slowness of pulse; mental disturbance; double optic neuritis. It was a doubtful point whether the sore throat was not an accidental occurrence. These symptoms pointed to some coarse disease of the brain; either of the meninges or cerebral substance. At the time it was suggested that the disease might be due to some cerebral tumour.

Aug. 9th. Has passed a better night, and has been sleeping. He is quieter and in less pain. Ordered *potassium iodide* in alternation with *glonoin*. At the evening visit it was found that since 1 p.m. he had been very excitable and violent, and with great difficulty kept in bed, and kept covered with his clothes; he has refused to take all food or medicine. He will not now reply to questions, and seems unconscious to all surroundings.

Aug. 10th. Remained in same condition as previous note till 3 a.m., when he sank into a quiet sleep for three-quarters of an hour, after which he took milk readily; since then he has slept and taken food at intervals. He is now quite conscious, answers questions, and is in much less pain in his head. Pulse 60.

Aug. 11th. Remained very quiet until 12 p.m., after which he became very violent. He occasionally gives loud piercing cries and groans. At about 3 a.m. he had a convulsive attack, the muscles of the face twitched and the arms became rigid. This lasted a few moments and he sank back exhausted. This morning he has a dazed, wild look, and is seemingly unconscious; he lies curled up in bed with his head buried under the clothes, giving an occasional loud cry. The tâche cérébrale is most marked, a very slight irritation producing a well marked hyperæmic streak. Tongue is furred; teeth covered with sordes. Refuses all food and medicine. Pulse 84. Temp. is now always normal. No sleep.

6 p.m. Now seems to understand a little when spoken to. Another dose of *bromide of potassium*.

10 p.m. Has been sleeping quietly and has taken beef tea. Pulse 80. Ice to head.

Aug. 12th. Another restless and violent night, but is now sleeping. 9 p.m. quieter day; sleeping and dosing; more conscious: opens his mouth and puts out his tongue when asked. Pulse 80.

Aug. 13th. Very fair night, is now quite conscious; takes food well, and is in no pain. Tongue very coated. Pulse 84. Temp. normal.

Aug. 14th. Quiet up till last evening, when he became restless, and about 11 o'clock delirious; fancied bugs were in the bed, and that the room was full of needles, but he is now quiet and rational.

Aug. 15th. Sleepless night; was fancying he was fighting; hides himself under the bed clothes; sees persons in the room, and holds conversation with them; he replies to question put to him; has a wild vacant look. Takes food ravenously and greedily; he is covered with perspiration of offensive smell. He has much the appearance of a man with delirium tremens. Omit medicines, and to take *stramonium*.

8.30 p.m. In much the same condition as morning. Pulse 130.

Aug. 16th. No sleep all night; wakeful delirium; yells out short sentences, but has no fear as previous night; laughs at his own speeches; whistles and hums tunes; sees soldiers, and fancies he is going to be shot.

7 p.m. Has slept quietly all the afternoon; has less delusions.

Aug. 17th. Pulse 84. Tongue much cleaner; has slept 8¾ hours since 7 p.m. Takes food well; feeds himself, and not ravenously; has no delirium at all, and can scarcely credit that what he has seen and heard have not been real.

Aug. 18th. Is now complaining again of severe headache; has slept and has no delusions. Ordered *pot. iod.* and *glonoin* alternately.

(To be continued.)

MEETINGS.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE usual annual meeting of the medical men practising homœopathy was held at Matlock, on the 11th ultimo. Dr. J. Moore, of Liverpool, presided. Amongst those present were Dr. Dudgeon, Dr. Dyce Brown, Dr. Cooper, Dr. Jagielski, Dr. Powell, Mr. Engall, Mr. Harris, and Mr. Black Noble, London; Dr. Drysdale, Dr. Hayward, Dr. Hawkes, Dr. Gordon Smith, Liverpool; Dr. Proctor, Birkenhead; Dr. Harvey, Southport; Dr. C. Blackley, Dr. Moir, Dr. Perkins, Manchester; Dr. Bryce, Dr. Pullar, Dr. Wolston, Edinburgh; Dr. Clifton, Leicester; Dr. Hughes, Brighton; Dr. Drury, Bournemouth; Dr. Neatby, Ventnor; Dr. Nicholson, Clifton; Dr. F. W. Clifton, Birmingham; Dr. Collins, Leamington.

The proceedings were opened by an address from the President, Dr. MOORE of Liverpool. This will be found *in extenso* at page 581 of our present issue. At its conclusion a cordial vote of thanks was proposed by Dr. DRURY, seconded by Dr. BRYCE, and carried.

The minutes of the last meeting having been read by the Secretary, Dr. DYCE BROWN, the President called on Dr. BRYCE to read the paper of which he had given notice. This, together with the discussion which followed will be found at page 594 of this number of the *Review*.

At the conclusion of the discussion the meeting adjourned for luncheon. On re-assembling, Dr. HAYWARD read the report of the Hahnemann Publishing Society, which was as follows:—

"The annual meeting of this Society was held at the Royal Hotel, Matlock Bath, in the evening of September 12th, 1883. Dr. Richard Hughes, president, in the chair. There were also present, Drs. Bryce, Cooper, Drysdale, Engall, Hayward, Jagielski, Moore, Powell, Pullar, and Gordon Smith.

"The Hon. Secretary read the minutes of the previous annual meeting; these were confirmed. The balance sheet was examined by the auditors and found correct; it showed a balance in favour of the Society on the year's transactions of £73 4s. 0d.; this, after deducting the debt owing to the treasurer, left a balance of £3 5s. 9d. in favour of the Society.

"The Secretary then read the report of the proceedings for the year 1882-3. In this it was stated that the volume of *Materia Medica* had been pushed forward, and that the Repertory and Therapeutic part were in hand; that, unfortunately, the editor of the volume of *Materia Medica*, Dr. Francis Black, who had also promised a contribution of £25 towards its cost, had been removed by death; that Dr. R. Hughes has been kind enough

to take the place of editor, and was now arranging the material for publication.

"During the discussion which followed, the editor reported that ten medicines were ready for publication, and they would form a good-sized volume, to be published uniform with the volumes of the re-translation of Hahnemann's *Materia Medica Pura*, published by the Society. Dr. Drysdale mentioned that a most important memoir on the use of *potassæ bichromas* in syphilis, by a syphilitic specialist, Dr. Güntz, had been published in Germany; and as this is likely soon to attract the attention of the whole medical public, it is very desirable our volume, which will contain a second edition of the *kali bichromicum*, with a general abstract in English of this German work, should be published as speedily as possible; and as the publication in the *Lancet* of the cases of cure by *crotalus* had drawn attention to this medicine and caused much enquiry for it, there was an additional reason against delay, as it is to be hoped our volume will be found necessary by all scientific medical practitioners of whatever school. Under the circumstances, it was agreed that the volume should be published at once, and, in order to meet the cost of publication, the treasurer was authorised, if found necessary, to call upon the members for a subscription in advance. Some of the members present paid a subscription in advance at once.

"It was also mentioned that the failure of the health of Dr. Stokes, our great Repertory worker, having forced him to permanently give up all work, he had been compelled, though reluctantly, to forward to the secretary his manuscript of the chapter "Generalities" of the Repertory unfinished. After some discussion, Dr. Pullar, of Edinburgh, undertook to endeavour to complete it. It was further stated that several of the old chapters of the Repertory were out of print, and it was hoped some one would undertake a re-issue of one or more of them. And it was further stated that Dr. J. Gibbs Blake had promised to present to this meeting a specimen plan of the Therapeutic part of the Repertory, which would be the "Practice of Physic" of the future, but that he had been prevented from doing so."

The report was unanimously adopted, and a resolution agreed to to the effect that it was desirable that the chapters out of print should be revised.

Considerable discussion then followed as to the place of meeting for 1884, and the following places were proposed and seconded:—Bournemouth, London, Southport, Cheltenham, and Cambridge; the choice ultimately falling upon the last-named place, and the second Thursday in September was fixed as the time for holding the meeting.

The election of Officers was then proceeded with. Dr. Hayward was elected President; Dr. Hawkes, Vice-President; Dr. Madden, Treasurer; Dr. Dyce Brown, General Secretary; and Dr. Clifton, of Leicester, Local Secretary.

Dr. COOPER then read a paper on *Otorrhœa*. This, together with the discussion which arose out of it, we hope to publish in our November number.

He was followed by Mr. ENGALL, whose paper on the *Site of Impregnation of the Human Ovum*, and the discussion upon it we hope to publish next month. At the conclusion of the debate, and after a vote of thanks to the President, the meeting adjourned to

THE DINNER.

After the removal of the cloth, and the loyal and patriotic toasts had been duly honoured—

THE PRESIDENT said: The next toast on the list is one that we always drink in solemn silence—"To the Memory of HAHNEMANN," and I take this opportunity of noticing the deep and serious loss we have sustained by the deaths of Dr. Black and Dr. Bayes during the past year. Both of them were efficient workers in their own departments; Dr. Black in literary work, and Dr. Bayes in administrative work. The latter gentleman has done a great work for us in relation to the school and the hospital, a work for which we ought to cherish his memory and keep it in grateful remembrance. Dr. Black was very kind-hearted as well as very able, and rendered great service to homœopathy in past years. The present generation of young men do not know how much we are indebted to the late Dr. Black. He did a great work for us, and some of his writings are most valuable. We drink, therefore, to the memory of Hahnemann and our departed friends in solemn silence.

Dr. DRURY proposed "The Congress" in the following terms:—Mr. Chairman: When we are present on these occasions we sometimes wish we could meet a little oftener. People sometimes say it would be better to have the Congress every two or three years, but when it comes to the dinner party we think that frequent Congresses are pleasant. However, in regard to these Congresses, I believe the great advantage of them is that we come to know one another and get on friendly terms. I see one friend here, and another there, that I have not seen for the last twelve months, and I have the opportunity of shaking them by the hand and hearing how they are going on, and it is a time of great pleasure. Besides that, there is the scientific side of the question; and our Congresses, so long as they give us papers such as we had the pleasure of listening to to-day must be productive of good food for the mind as well as the dinner affording

pleasant food for the body. The papers presented to day were exceedingly creditable ones, and will be read with great pleasure by our friends who were unable to be present. It is by such papers that the Congress is kept up, and the interest kept alive. I am sorry that the circumstance of our being at Edinburgh last year, and that place being a little out of the way, the numbers were not so large as they ought to be. Let us hope that next year, at Cambridge, men will turn up in greater numbers than on the present occasion. I am sure the will is good, but it is not easy to get together. One friend tells me, "I am sorry I cannot go to the Congress; my head wont stand it." Another says, "I am getting too old." However, we hope that the place of those who are unable to come from ill-health, and so on, will be supplied by our younger and stronger men. I wish we could see a little more of our Irish friends from the other side of the water. Last year we had one of them with us in Edinburgh, but I wish we could see more of them. That little bit of sea is oftentimes unpleasant. When a man gets on the deck of a ship who is not accustomed to it his legs get shaky, and he begins tumbling about, and his friends say to him, "You begin to look queer;" and he says, "Well, I feel horribly queer;" and the others say, "You had better get it off your stomach." "I can't; it's whisky, man." He does not wish to part with anything so good. However, these little difficulties come in the way and prevent our Irish friends coming across as often as they should. I know that many of our friends come a long distance on this occasion—for instance our friends from Edinburgh; and I hope they will have enjoyed themselves sufficiently to make up for their trouble. I will not take up your time further than by proposing success to the Congress.

The toast was responded to briefly by Dr. Hayward.

Dr. Bryce proposed "the Hospitals, Dispensaries and Medical School." In doing so, he said: I am rather at a loss to know why I should have been selected to propose this toast, living so far away as I do—I may say out of the world—in the far north, and so very little indeed acquainted with the homœopathic hospitals and dispensaries of the kingdom. However, I occasionally get time to see a journal and read something about what is going on, and I see they have got a very flourishing hospital in London. I believe there have been some very important changes made in it lately, so that we are likely to have a revivifying of the influence and good of the London Homœopathic Hospital. You have a good hospital and dispensary at Birmingham, and in many other places. We have at last—stirred up by my friend, Dr. Pullar, since he came to Edinburgh—got a dispensary. It is the third time, I think, that a dispensary has been begun in Edinburgh. Why they failed formerly I do not know, but we are resolved that if it is

possible this effort shall not fail. It has only been started a month or two, and it has been a bad time of the year for beginning anything of the kind, but on the whole I think it is encouraging, and we have a very good class of people indeed coming to it; none of the lowest orders at all. Working people who are not able to pay a doctor's fees, even some of the very small fees, are coming, and as far as it has gone yet it is really a very pleasant sort of practice. I have no doubt that these dispensaries do a great deal of good, and that they will help to leaven the lump. They are a better sort of institution, I think, than the old system that was in existence at one time; and I fain would hope that they are edging out little books on domestic medicine and things of that kind. I think the hospital and the dispensary, if it can be managed, is a better way of leavening the lump and spreading homœopathy, and we are hoping from the start we have made that we will yet perhaps arrive at a hospital in Edinburgh. I have much pleasure in proposing the health of the hospitals and dispensaries, and great prosperity to the medical school, which I was forgetting, and which is an institution that I do not suppose we can expect to see any very great results from for some time; and if it keeps going on, always making a little progress, it may be quite sufficient to satisfy us, because I think the Homœopathic School is a thing that is not likely to show such very great success all at once as a hospital and dispensary. I beg, then, to propose prosperity to these different institutions.

Dr. Dyce Brown: Mr. President, Dr. Bryce, and gentlemen: I have very much pleasure in thanking you for the kind manner in which you have drunk to these very important institutions connected with homœopathy. The hospitals, of course, are of very great importance, as not only giving the poor the benefit of homœopathy in a way in which they could not have it at dispensaries, but it is always a way of spreading and teaching the doctrine of homœopathy among those who come to see the practice. Dispensaries are equally valuable in their own way, as reaching a class of cases which never see the hospital, and which could not be well attended to at the hospital, so that they are in this way not only valuable to the poor but to the medical students, who see a class of cases there which they cannot see with in-patients at the hospital. Besides this value of the dispensaries, I think they have another great value, that is as promoting homœopathy in a new or uncultivated sphere. When a young man goes to a new place to settle in practice, there is no surer way of spreading homœopathy and increasing his own practice than by having a good dispensary. The poor find it out, obtain the benefit of it, and then tell their neighbours; and so the knowledge of it gets to the rich people, and homœo-

pathy spreads all round, and the practice of the dispensary increases accordingly. So that in all points of view dispensaries are an extremely valuable aid both to homœopathy and to the practitioner.

Then as to the Medical School. Unfortunately last year was rather a bad year; we have not much to show for it; but the reason of that was that our numbers, as Dr. Bryce very properly suggests, cannot be very large, consequently a falling off of five or six students means almost a complete stoppage. The average number we had before was seven regular attenders, so that if there happens to be a drop off, from any reason, of five or six, it leaves a class of only one or two. This, unfortunately, happened last year. In a school where the numbers are up to thirty, or forty, or fifty in a class, a dropping off of five or six would hardly be observed, but with us it means having next to no class at all. Having kept up in previous years to an average of seven regular attenders I believe that next year we shall have our average back again. That is what we all hope and expect; and as long as we can keep going on, even with a small class, I agree with Dr. Bryce that it is almost as much as one can expect at present. In the meantime, it is a great thing to be going on. Allow me to thank you for the way in which you have drunk to these institutions.

Dr. DRYSDALE, in proposing "Homœopathic Serial Literature," said: I have been asked to give this toast, and I have become qualified to give it of late years, for not being one of the parties interested, and at the same time having been long among the parties interested, I have been in a position to have knowledge of the subject, and it is a most important one. I, myself, having been out of it and freed from the anxiety that is inseparable from the conduct of our serial literature, have rejoiced to some extent in the leisure that it gives. I cannot say that I have had leisure in any other sense, for I have other works to occupy me, and which will take a long time to finish, and I hope I may live long enough to finish them. But, you know the leisure one gets from not being obliged to do a particular work by a particular day. The necessity of doing this causes the greatest possible strain upon the members of any profession, but more especially upon ours. If we fall back on a particular day we think we will have plenty of time before the 26th, and may put it off to the 20th, and we put it off to the 20th; then on the 20th an urgent message comes, that consumes the leisure of one night, and if the same thing happens the next night we are driven to despair. It does happen to my friends who are in the thick of the work, and I think the trial must be extremely great; and I think you ought all to appreciate the extreme difficulty of the sacrifice that is made by the editors of the journals. On

this subject, although the occasion is a festive one, I would speak a word of seriousness, and this I have to say, that unless something more is to be done by the homœopathic *republic* of practitioners, troubles will follow, and the efforts of the editors fail. They are not properly supported now, and if we do not enlarge on homœopathy we must recede; there is no standing still. In doctrinal matters, and things of higher importance in Christianity, we all know that to stand still means to recede; the same thing is true, and is sure to happen in homœopathy and its practice. It is now felt that the editors of the journals cannot do the whole work, and the journals are not supported as well as they ought to be now. If you look back (and my friend Dr. Dudgeon will pardon me for saying it) over the past two or three years, you must see that the *British Journal of Homœopathy* is not equal to what it was 20 or 30 years ago. The reason is, not that the editors are less competent (for the contrary is the fact) either in quality or power of expression, but it is from the public writing not being equal to what it should be. If you do not do elaborate work you will not be able to write elaborate papers. If you do not do that, you will be committing treason to the art of homœopathy, the practice of which we have adopted; so I hope you will take it in good part, and consider how you can worthily support homœopathic literature.

Dr. DUDGEON, in responding, said:—Dr. Drysdale has told you that the conducting of the serials connected with homœopathy is a very serious subject, and it is indeed a serious subject to the editors when they are left pretty much to work up the whole of each number themselves, or with very scanty assistance from the able heads of gentlemen I see around me; and who might, with a very little expenditure of force and of brain power, assist the periodical literature, not only of the *British Journal* but the two other journals which are included in this toast, and thereby make the serial literature of homœopathy much more interesting and instructive than it has lately been. I quite acknowledge the wigging that Dr. Drysdale has given us, inasmuch as I know that he only spoke the truth when he said that our volumes lately had not been up to the original mark. But he has well explained the cause of it, and no one has a better right than Dr. Drysdale to do so, because if we look to where and by whom the ova of homœopathic literature was impregnated, we find that Dr. Drysdale was the author and fecundator of it, and the place thereof was Liverpool; so that if we still have any doubts as to the place of the human ovum impregnation we have none as to that of homœopathic literature; and Dr. Drysdale, I may say, is a very keen supporter of the periodical to which he gave rise, although he has freed himself in the matter of editorship. There is also, as Dr. Moore has reminded us, another

whose loss we deplore this year, who ably assisted the periodical literature of homœopathy as long as he lived—our lamented friend Dr. Black. He contributed for a long time his brains, and his energy, and his assistance to the conducting of the *British Journal*, although he was only for a short time connected with the editorship of it. You will, perhaps, think me selfish in speaking about the *British Journal*. The two other journals, for which I am responsible to return thanks, are so ably conducted and always deserve so much support that I think those who have not hitherto given them the support which they are well qualified to give should be conscience-stricken by the remarks that Dr. Drysdale has made, and turn over a new leaf for the future, and do their utmost to make our periodical literature shine as it ought to shine in the eyes of the medical world. I am much obliged to Dr. Drysdale for the hints he has given and for the kind way in which he has proposed this toast, and the cordial manner in which you have received it.

Dr. Cooper in proposing the toast of "Our President" said: That Dr. Moore had made them all feel most agreeable; his pleasant face at the head of the table was in itself something which threw such a feeling over the whole meeting as to enable them to enjoy themselves, and he thought they ought all to thank him very much indeed for the trouble he had taken in coming there and presiding over them, and for taking upon himself the duties appertaining to the office of President of the Congress. He (Dr. Cooper) had great pleasure, therefore, in proposing the health of their worthy president.

Dr. Moore replied in the following terms: Gentlemen, you have overpowered me by your enthusiasm. I was not prepared for this. It was enough to say to me "thank you;" and you have given me greater pleasure to-day by enabling me to see so many old friends, so many happy faces. I am not aware that an unpleasant or jarring thing has happened to-day in our meeting from morning to night. I think everything has gone on just as it ought to do, and as we would wish it to do, and I think these Congresses do a great deal of good. I hope we shall all meet again this time next year at Cambridge, and I hope that we shall have a larger meeting. I do not know that we shall have a better one, but I hope we shall have a larger one. I thank you for your honourable mention of my poor services.

Dr. Clifton (Leicester) proposed the toast of "the Vice-Presidents and Officers of the Society," which was responded to by Dr. Hawkes.

Dr. Hughes: The toast with which I am intrusted, gentlemen, is, as you have heard, "Our Foreign Colleagues." I am sorry that no representative of that body is over here this year.

Last year we had two very pleasant men from America. This year we must be content to regard them as present in spirit, though not in body, and I am sure some of them are thinking of us at this time and wishing us every prosperity. Well, we homœopathists must take care that we be not insular and national only, but that we do take interest in what is going on, because homœopathy gives us a fellowship with that which breaks down all national and geographical barriers, and I am sure the more we read the foreign journals, and learn what they are doing, and show that we know about them, the better we shall spread our cause through the good fellowship and *esprit de corps* with which it is accompanied. Let us drink, then, the health of our foreign colleagues, and endeavour to learn about them—learn that in France, for instance, the hospital in Paris has just had buildings erected specially for it which doubles its number of beds; learn that in Italy, hitherto scattered members of our body are uniting, and have formed their institute, which is to meet every year, and from which, I am sorry to say, the extreme Hahnemannians among them, with their extreme sectarian spirit, have stood aloof, and formed a little Hahnemannian association of their own; then we should know also that in Belgium and in Germany and in Spain are men holding their own amid many difficulties, but still presenting a good front, keeping up their institutions and journals. And in America they continue to make steady progress; their schools—of which they have now eleven—are full of students, with from 50 to 200 of them sitting on their benches every year; that they are actively worked, and, by the testimony of their opponents, are educating the present generation of homœopathists better than the former generation used to be educated. The former generation used to be educated in the allopathic colleges, and they say themselves now that the homœopathic men are better educated than they used to be; that is, in other words, saying that the homœopathic colleges educate better than the old-school ones, and by their own confession they do their work well. They are multiplying every week, and forcing their way into the army and navy. In the navy they are admitted now with no distinction of creed; and in the army, the Surgeon-General who set his face against them has been compelled by public opinion to resign, so that I doubt not that his successor will be much more amenable to liberal opinion and good feeling in that matter. They have almost won the battle there; and though in the old world we lag behind them, we rejoice to know that there is a country in which homœopathy makes its way, and is not kept down by the artificial barriers that hinder its progress *here*. So, looking abroad at our colleagues in all parts, let us unite them in all sympathy, and drink to their health and prosperity.

Dr. DUDGEON: Would you allow me to make a few observations in reference to the same subject, which the modesty of Dr. Hughes has forbidden him to make mention of. Our foreign colleagues in America have such a high appreciation of the distinguished character of the works of my friend Dr. Hughes that he has been invited to deliver a course of lectures in the Boston University upon the subject of homœopathy. I am sure that the members of the Congress will receive that information with great pleasure, and will know and see how thoroughly our foreign colleagues appreciate their foreign colleagues here.

THE PRESIDENT: Not only so, but I understand they have "Hughes'" clubs all over the country.

Dr. HUGHES: No, no; there is one.

Finally the toast of "Our Visitors" was proposed by Dr. PROCTOR and responded to by Mr. HENSTOCK.

NOTABILIA.

THE *LANCET* ON MAJOR MORGAN'S OFFER.

IN a paragraph entitled "Homœopathy Begging," the *Lancet* of the 15th ult. refers, in the vein of insolence and falsehood with which it usually deals with the subject of homœopathy, to Major VAUGHAN-MORGAN'S munificent offer to subscribe £1,000 a year for five years to support beds in a London hospital, the occupants of which are to be treated homœopathically. The writer says this offer "assumes that there is something—in fact a whole region of therapeutics—neglected by responsible and educated physicians," and adds that "the assumption is utterly untenable." It is, however, prefectly true, and what is worse, were any of the "responsible and educated physicians" alluded to, to make the subject one of open clinical study they would at once be "sent to Coventry" by their colleagues. This they are fully assured of, and accordingly do nothing of the kind. The writer then states that "homœopathy is a fad." That he does not think so, we are perfectly certain, indeed we have no doubt but that he earnestly wishes that it were "only a fad." Nevertheless with that utter disregard for truth which has ever been a conspicuous feature of the *Lancet*, when it has ends of its own to serve, the statement is made. Another assertion of precisely the same type is "that to take homœopathy into a regular hospital, would be as reasonable as it would have been to take a pop-gun to Tel-el-Kebir!" There may be and doubtless are some very ignorant and silly people on the staff of the *Lancet*, but we cannot bring ourselves to believe that there is one so ignorant or so foolish as to believe that conclusion.

The fact is, that, just as in 1854 the College of Physicians *dared* not include the cholera returns of the London Homœopathic

Hospital with the letter of the Inspector of the Board of Health, Dr. MacLoughlin, in their report to the House of Commons, because of the striking evidence it contained of the truth of homœopathy, so now the "educated and responsible physicians" of the London Hospitals *dare* not accept Major Vaughan-Morgan's offer because they know full well that the results would assuredly tell in favour of homœopathy, and demonstrate it to be a great therapeutic fact and no mere *Lancet* "fad."

On the Saturday following the appearance of this paragraph a letter from Major Morgan was published in the *Lancet*, in the course of which he says that "at the present moment some thousands of duly qualified medical men are following the system of Hahnemann, while hospitals in every civilised country are publicly testing its value. Further, the most popular work on therapeutics amongst the rising generation of students (Sydney Ringer's) owes much of its fame to the promulgation of a series of specifics mostly traceable to homœopathy, a system which is allowed even by its greatest opponents, to be largely permeating general practice." After stating how much he had been impressed by the practical results constantly being brought under his notice in hospital and private practice, and observing the number of unoccupied beds in St. George's Hospital, he concludes by saying, "My only desire is that that which is most efficacious in the treatment of disease should be adopted; and I know of no better plan for discovering this, than the establishment of test beds, under proper conditions, and for a sufficient period to avoid the possibility of chance. If the results should be adverse, it will do more to discourage homœopathy than reams of print; if otherwise, surely the members of a progressive profession would be the first to acknowledge and rejoice at such an outcome of the experiment."

The Lancet in an editorial note of reply, pursues the same line of unblushing falsehood as it did in the paragraph we noticed first of all. Among other things, the editor says, "We are quite aware that there is a section of the public that believe in homœopathy; but they are attended by those who have abandoned all its essential principles, while still retaining the name!" This is an ingenious method of endeavouring to destroy the confidence of the public in homœopathy by slandering their medical attendants. Happily, however, the public who take an interest in homœopathy have a very clear conception of its essential principles, much too clear to be liable to be bamboozled by the nefarious arts of our contemporary. The last sentence of this note is peculiarly amusing. "The attempt," it runs, "to take shelter under the name of Dr. Sydney Ringer is now rather a favourite device of homœopaths. But it will not save either their scientific or their moral position. . . . Dr. Ringer takes medicines

as he finds them, and investigates their action in health and disease unhampered by authority, and he does not trade on a name." When reading a paragraph such as this in the *Lancet*, we are forcibly reminded how deep and thorough must be the ignorance of the mass of the profession regarding homœopathy and all that concerns it, to enable the editors to palm off such palpable nonsense as this with any hope of its being believed.

The idea of our taking "shelter under the name of Dr. Sydney Ringer" is comical in the extreme. Dr. Ringer has in a large degree made his reputation by setting forth as original matter the results of his study of homœopathic literature! *The Practitioner*, when reviewing his *Manual of Therapeutics* some years ago, protested against a charge of this kind, but when doing so admitted its truth by the very terms in which it was laid; the reviewer saying that it was "most unjust to style the administration of small doses of a drug for the treatment of symptoms which closely resemble those which the agent can itself excite, when given in poisonous doses, homœopathy!" If this is not homœopathy, we confess that we do not know what homœopathy is. Then, again, a reviewer in the *British and Foreign Medico-Chirurgical Review* described Dr. Ringer's teaching as "rank homœopathy," while another, in a Dublin medical journal, asked Dr. Ringer where he got all his information from!

That Dr. Ringer has taught homœopathy, in a crude and unscientific manner, is incontestible; that his teaching has been praised by the medical press and followed by a large proportion of the medical practitioners of the country is equally certain. That it would not have been so followed had it not proved more or less successful cannot be doubted; while, most assuredly, but for homœopathy it never would or could have been promulgated. Dr. Ringer's testimony is, therefore, so far as it goes, evidence in favour of homœopathy. "Dr. Ringer," we are told, "takes medicines as he finds them"—true, but where does he find them? In Hughes' *Pharmacodynamics*, in the *British Journal of Homœopathy*, in this *Review*, and in homœopathic literature generally. He "investigates their action in health," it is added. Who first showed the way in this line of study? Hahnemann. Who have persevered with it? Homœopathists. Who has imitated them? Dr. Sydney Ringer! "He does not trade on a name," concludes the editor of the *Lancet*. We add that no one practising homœopathy does so. But, according to the *Lancet*, the man who has the courage of his convictions, he who is content to acknowledge the source of his therapeutics, he who, knowing that the doctrine of homœopathy is real and true, openly says so and endeavours to induce his medical brethren to enquire into it, trades on a name. The plagiarist is, with the *Lancet*, the "honourable physician."

MEDICAL INTOLERANCE.

We feel it our duty to give prominence to the fact that an offer of Major Vaughan Morgan to contribute £5,000 to St. George's Hospital, on condition that the money be devoted to a fair trial of homœopathy, has been declined. Similar offers have, we believe, been previously made to and declined by other of the London hospital authorities. Such rejection is noted exultingly by the *Lancet*, which is of opinion that the authorities of every general hospital in London would decline the philanthropic offer. If so, the greater the shame reflected upon the profession. "Homœopathy is a fad," observes this autocratic and unreasoning organ; but saying something is a "fad" does not make it so. Mere assertion does not prove anything. One is reminded of boasting Glendower when he said, "I can call spirits from the vasty deep." "So can I; or so can any man," retorted Hotspur: "but will they come when you do call them?" Language in this strain is, to put it mildly, unbecoming a journal professing to represent a body deemed honourable, learned, and humane. It savours of dogmatism and intolerance, and, therefore, is indicative of weakness on the part of the allopathic or orthodox practitioners. . . . Homœopathy either has or has not done good to those who have been treated in accordance with the system. Statistics recently published testify to the fact that the homœopathic treatment of cholera, typhoid and other fevers, has been the means of saving from death a greater percentage of persons than is usual by the allopathic treatment. If this be so—and we have no reason to doubt it—and a like beneficial result be claimed for homœopathy in respect of other cases, a fair trial in one of our large hospitals ought, we think, to be given to the system. Such an experiment would reflect credit upon the profession. This is not done by using hard words without arguments, which rather points to a weakness in the case of those who adopt such language. The rejection of this truly charitable offer by the authorities of St. George's and other hospitals is not only unworthy the medical profession; but, as the homœopathic treatment may probably be more beneficial than the existing system, it is unfair to the sick and suffering, whom it is the duty of medical men to treat by the most efficacious means. The refusal comes at a rather unfortunate time, for St. George's Hospital, in common with many others, is greatly in want of financial aid. The subscribers have a right, therefore, to an explanation from the managers as to what reasons induced them to reject such a large sum intended to be used for so desirable a purpose. The object of the medical profession should be to effect as expeditiously, and with as little suffering as possible, the greatest number of cures. But if they refuse to countenance,

and in fact, irrationally and petulantly discourage efforts to ascertain which system will best accomplish this desirable end, the subscribing public and the patients will look upon them with suspicion—as well they may. To attempt to condemn unheard, and without trial, the homœopathic system will, in the end, avail the orthodox members of the faculty no more than the denunciation of, and refusal to listen to, the opponents of the vaccination dogma. Truth will triumph, despite bigotry and superstition. For the honour of the profession, and in justice to those holding other than the generally accepted views as to the science of medicine, we hope the authorities of St. George's Hospital will not only reconsider their decision, but will conclude that the offer of Major Morgan ought not to be rejected. We hope so, because, whatever the proved result, a fair trial in one of the large general hospitals of the metropolis, accorded to a comparatively new system of medicine, cannot be other than advantageous. At any rate, we shall feel it our duty, in the cause of philanthropy, to give publicity to any facts which prove either that the homœopathic treatment is, or is not, a benefit to mankind in the saving of life or diminution of suffering.—*The Charity Record and Philanthropic News.*

THE MEDICAL SCHOOL OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE work of this department will commence to-morrow (Tuesday) at five o'clock, when Dr. BLUMBERG, of Southport, will deliver the Hahnemannian Oration (the subject being HIPPOCRATES AND HAHNEMANN), one which is full of interest and instruction, and one on which Dr. Blumberg is especially well qualified to discourse.

On Thursday, at four p.m., Dr. BURNETT will deliver an Address introductory to his course of lectures on *Materia Medica*. The title of the address is "Our Duty," and we doubt not but that "Our Duty" will be set forth by Dr. Burnett with much energy and great plainness of speech.

On Friday, at five o'clock, Dr. D. DYCE BROWN will commence his Lectures on the Practice of Medicine, with one explanatory of Homœopathy.

THE MEDICAL SCIENCE CLUB.

A NEW Homœopathic Medical Society has been organised in Chicago, for the purpose of encouraging study and research in special departments of medicine. The name chosen is that of the "Medical Science Club," and the number of active members is limited to fifteen. Each member reads during the year a cer-

tain definite number of papers on some speciality in which he is interested. The list of members up to date, with their specialities, is as follows :—

Surgery	... J. H. Newman, M.D.
Gynecology ...	... Prof. W. F. Knoll, M.D.
Ophthalmology and Otology	Drs. C. G. Fuller and C. F. Bassett.
Obstetrics	... F. A. Churchill, M.D.
Physicial Diagnosis	... Clyde E. Ehinger, M.D.
Anatomy	... C. M. Beebe, M.D.
Physiology ...	... S. N. Schneider, M.D.
Histology	... F. R. Day, M.D.
Chemistry	... Prof. Clifford Mitchell, M.D.

Active members must be resident practitioners of Chicago, but any non-resident physician, graduate of a reputable medical college and in good standing, may become an associate-member and contribute papers. The club proposes to do vigorous work in medical science during the coming winter. Meetings are held every alternate Tuesday evening at the Grand Pacific Hotel.

HOMŒOPATHY IN RUSSIA.

A BRIEF announcement in the daily papers chronicle the latest development of homœopathic progress. In spite of flagrant and scandalous official perversion and slander, our distinguished colleague in St. Petersburg has succeeded in triumphing over all obstacles. We are informed that "by order of the Emperor of Russia, a hospital for diphtheria patients has been opened in St. Petersburg, where the homœopathic treatment only will be used. The Red Cross Society has sent a matron and eight nurses."

We hail this as a great stride in advance. Statistics, the truth of which can be vouched for officially, will speedily, we hope, be available to be used as weapons to aid in the overthrow of trades' unionism and official garotting, in lands which fondly boast of a more advanced civilisation than Russia.

OBITUARY.

J. R. CROKER, ESQ.

WITHIN two years Malvern has been deprived, in each case suddenly, and in both from disease of the heart, of two homœopathic practitioners—Dr. Dalzell, in 1881, and Mr. Croker on the 12th of August last. Though not much known to his medical brethren, Mr. Croker was a gentleman who was much esteemed

by all amongst whom he had lived and practised for many years. The *Malvern News* of the 18th of August has the following notice regarding him:—

"Mr. John Rees Croker, who died at the age of 62, was a member of the Royal College of Surgeons, formerly captain in H.M. 86th Royal Regiment, and second son of the late Colonel William Croker, of H.M. 17th Foot. For some years Mr. Croker was a member of the Malvern Link Local Board, and worked zealously for the benefit of his fellow ratepayers. He was living an honourable and useful life, kind to the poor of the neighbourhood, a true Christian man, endeavouring earnestly to follow in the steps of the Saviour, and especially trying to carry out the Divine commands, 'Love thy neighbour as thyself,' and 'Do unto all men as you would they should do unto you.' In the midst of an active life he was suddenly cut down when just past the prime of his manhood. The deceased had a large practice, and was greatly respected. His profession, however, was such as cannot well be carried on by any of the members of his household he leaves behind him; and we hope the sons and daughters will sustain and support the parent God has left to them, by living such an useful and honourable life as that of their earthly father, who has gone to the land of light and love."

CORRESPONDENCE.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—In your August number, in your notes on the American Institute of Homœopathy, it is said, "An animated discussion followed the announcement by Dr. Guernsey, of New York, that at the meeting of the Institute in 1884, he should propose that its name should be altered from that it at present bears to the American Institute of Medicine." It is a curious fact, that scarcely anything about the above statement is true. Dr. Guernsey proposed to introduce such a resolution at that meeting. There was no discussion on the statement; on the the contrary, it was so utterly absurd, that no one could seriously oppose it. In an article upon Medical Education, the doctor had shown himself so unhomœopathic that he was rigorously assailed, and so discomfited was he, that he took the earliest possible train for New York. He forgot to introduce his promised resolution. He got a foretaste of what was in store for him, should he venture upon so treasonable an act; and it satisfied him that the American Institute of Homœopathy is a

poor place in which to offer such a bare proposition. Your notes failed to include a most important fact:—At the close of Prof. Smith's Paper, which detailed the work of the Bureau of Microscopy, and among other startling things, revealed the impurities of sugar of milk, over three hundred dollars was immediately subscribed to continue the work of the Bureau. If the work of that Bureau for the past two years—full accounts of which may be found in the published proceedings of the Institute—be carefully read, it will be seen what an immense and important undertaking is already begun, and how very necessary it is that the work should be pushed on. How exceedingly wise it is for us to correct our own errors, and what a gain we shall make in subjecting our pharmaceutical work to the rigid tests of science! If we were an Institute of Medicine, we would do anything but that.—T. P. W.

Ann Arbor, U. S. A.

[Our statement was derived from one of the American journals reporting the proceedings of the meeting. We are glad to know that Dr. Guernsey has no chance of inducing his fellow members of the largest society of homœopathic physicians in the world to listen to the insincere blandishments of men who know little or nothing about homœopathy, except how to hate it. Those who urge us to keep the word homœopathy out of sight, and promise us all sorts of good things in the way of "fellowship" if we do so, know full well that, by acceding to their request, we shall, in due time, lose sight of the doctrine of homœopathy, while in so doing we shall rapidly degenerate into practitioners of empirical medicine, and be in no way better able to cure disease than they are. Homœopathy expresses a doctrine of supreme importance in medicine, and it is our duty to keep that doctrine before the profession by every means in our power. With regard to Dr. Edwards Smith's pharmaceutical researches, we are waiting for the full details supplied by *The Transactions*. When these are received, our correspondent may rest assured that they will receive the attention their very importance demands for them.—Eds. *M. H. R.*]

DRS. BAYES AND BLACK:

An American Tribute to their Memory.

To the Editors of the Monthly Homœopathic Review.

Gentlemen,—Above the mantel in my consulting-room hangs the excellent group picture of "British Homœopathic Physicians, 1879." As often as my eyes fall upon it, I am reminded of the

convention of 1881, and of the pleasant acquaintances of that occasion. But, of late, when I have glanced towards it I have felt a pang, a reminder of a loss, in the death of Bayes and Black. Though separated from them and the immediate scenes of their busy lives, by many leagues of ocean and of land, I have not been a careless witness of their labours and their worth.

In the convention I first met Dr. Black, and there, and at the social board, my admiration ripened into personal affection. All along down the progress of the *British Journal of Homœopathy*, I had been familiar with his clear views, earnest advocacy, and progressive ideas in behalf of medical reform; and, as a reminder of his nice sense of propriety and his exquisite taste, I cannot forget the dinner given at his house during the convention, at which a few representatives of homœopathy from France, Germany, Italy, Russia, and the United States of America, sat down with the master medical reformers of Great Britain in familiar converse and communion. While we revere intellectual power and stability in what we read in journals and books, we come to love the good and the gentle in men only as we meet them face to face, and "sup with them" in the quietude of their own homes.

I knew the earnest vigour and enthusiasm of Dr. Bayes, how much the profession and the world were indebted to him in the propagation of Homœopathy, especially his zeal in behalf of the London School and of Governmental recognition; but I did not realise his worth of heart and genial nature till I visited him at Brighton, and talked and supped with him there in the summer of 1881. It seems almost a pity that such men are mortal. Born into the new school when its adherents were few and persecuted, accustomed to professional assaults and official proscription on account of their additional information and means of healing, they seem fitted, above all others, to guide the progress and enjoy the triumphs of homœopathy.

But Black and Bayes are gone, and America mourns them as they are mourned in England. Were it proper for me here to speak of the living as I do of the dead, I should have much to say of Drysdale, and Dudgeon, and Hughes, and Pope, and Sharpe, and Brown, and Hayward, and Blackley, and others, whose faces are before me, and whose good works are recognised.

But this much I must say, that the conservatism and scientific exactitude exercised by your leading men in shaping the course of the new school in England, your refusal to take part in the extension of our Materia Medica by hap-hazard provings of drugs, and the improvement of our therapeutics by the manufacture and employment of the "high potencies," has made not

only Great Britain, but the whole homœopathic world your debtors.

In this country, as well as in some others, much has been done that must be undone, much gathered that must be thrown away, before the beneficent *similia* can win general confidence and recognition.

J. P. Dake.

Nashville, August 25th, 1883.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

Dr. E. Madden.—Your letter, with the balance sheet of the Congress, arrived too late. It shall appear next month.

Communications, &c., have been received from Dr. Yeldham; Dr. Cooper; Mr. Cross; Mr. Wall (London); Dr. Moore; Dr. Hayward; Dr. Hawkes (Liverpool); Dr. Galloway (Sunderland); Mr. Knox Shaw (Hastings); Mr. Matthews (Rawtenstall); Dr. Dake (Nashville); Dr. Kitching (Cape Town), &c.

Erratum.—At page 573, line 10 from the bottom, for "assigned," read "imagined."

BOOKS RECEIVED.

The Prophylactic Power of Copper in Cholera. By A. de Noé Walker, M.D., London.
Speeches on Vaccination.
Homœopathic World.
Annals of the British Homœopathic Society.
Chemist and Druggist.
Monthly Magazine of Pharmacy.
Messenger of Health.
Charity Record and Philanthropic News.
Liverpool Courier.
Matlock Register.
Calcutta Journal of Medicine.
New York Medical Times.
Hahnemannian Monthly.
American Homœopath.
Medical Counsellor.
The Twenty-fourth Annual Announcement of Hahnemann Medical College, Chicago.
L'Art Medical.
Bibliothèque Homœopathique.
Revue Homœopathique Belge.
Allgemeine Homöopathische Zeitung.
Homöopathische Rundschau.
Rivista Omiopatica.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. Dyce Brown, 29, Seymour Street, Portman Square, W., or to Dr. Kennedy, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. Gould & Son, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

RADICALISM IN MEDICINE.

WHO is the Radical in medicine? We have often heard wonder expressed that any homœopaths should be Conservatives in politics, since their medical views and practice are seemingly radical, the old school being looked upon as the Conservatives in medicine. In one sense the adoption of homœopathic views and practice is radical, since they are not only not sanctioned, but vehemently opposed by the majority; but if one thinks of it, the homœopath is the reverse of radical in his tendencies. He it is who believes most strongly in the *vis medicatrix naturæ*, and aims to assist this power in the most scientific and gentle manner, with the smallest amount of perturbative effect from his treatment. He it is who is the most conservative of his patients' strength. He it is who objects most strongly to rough and injurious modes of treatment. And he it is who adopts a theory and practice of medication, which is guided by a definite law or rule, which law or rule is built upon facts which are patent to every one who takes the trouble to enquire for them—a law which is the only one known to be capable of utilising all the discoveries in relation to the action of drugs on the human body. Truly our clinging to,

and fighting for this law, is the best evidence of our anti-radicalism, in contradistinction to the empiricism of one party in the old school, and the sneering scepticism of another party. As in politics we find that the utterances of men in position are not merely their own private views but are the indication of the existence to a large extent in the constituencies of similar views, so in medicine, when we find men in position at one time advocating pure empiricism, at another giving vent to lamentations over the wretched condition of therapeutics, in proportion to the advance in the collateral sciences or arts, and at another adopting the most extremely pessimist views in regard to the use of drugs in general, we may be sure that they only speak out the views of hundreds who keep silence.

Two of the most interesting (from our point of view) utterances of the extreme radicals in medicine have appeared lately. One an article in the *British Quarterly Review* for July, by Mr. Baptist Crofts, of Nottingham, on "The Relation of Drugs to Medicine," the gist of which is that drugs have *no* relation to medicine, and that the *beau-ideal* of the physician of the future is to be an enlightened head nurse, who abjures drug treatment altogether, watches his patient, and preaches and practises hygiene, and the teachings of "biology." The other is the Introductory Lecture at the London School of Medicine for Women for this Session, by Dr. Horatio Donkin, who is Joint-Lecturer on Medicine at that School, and Physician to the Westminster Hospital; this is printed in full in the *Medical Times and Gazette* for October 6th. These pessimistic utterances are so absurd that it seems hardly worth while to notice them, were it not that we believe they are the views of a considerable section of the old school, and are interesting and instructive, as showing how little hold on the younger generation of

doctors the so-called "orthodox" treatment of the old school possesses. It is well that the public should be enlightened on this point, and that those who think the allopaths must be right because they are in the majority, and who are fearful of trusting to homœopathy in illness, should learn from their own mouths how little faith the old school place in their medicines. Of course, homœopathy comes in for the sneers of Drs. Donkin and Crofts, but there is this consolation that they "foul their ain nest," to use the words of a Scottish proverb, and tirade as severely against the allopathic practice of the day. What do the intelligent allopathic public say to the following:—"Belief in drugs, as strong as it is indefinite, still exists in many of our patients. It is absolutely necessary for their cure in some cases to give, or *appear to give them something that they call medicine* (the italics are ours.—Eds.). Some may be educated to do without it—their number will doubtless increase; but we must treat the individual while waiting for the improvement of the race. It would, indeed, be to many here a startling revelation if some of our physicians of real 'light and standing,' and free from all taint of quackery, were to publish, as they well might, at the close of their active work, an approximate statement of the proportion of mere placebos* among the prescriptions they have written!" And again—"The 'sceptic,' again, is not likely to forget to give a prescription, whether really necessary or not—*the patient will see to that!*" (Italics are ours.—Eds.). And again—"Doubtless in the present state of our knowledge we are glad to catch at anything that may relieve our pains and mitigate our many sufferings, and we doctors should be thankful that we can

* For the benefit of non-professional readers we may explain that a "placebo" means a prescription to please the patient, and not expected to do any good.—Eds.

do much in this direction; but if it be thus,' as Mr. CROFTS says, 'that the artificial treatment of disease by drugs is a necessity of our civilisation, it is surely one of its barbarisms, which a higher development will gradually abolish. If the use of drugs is practically inevitable in the life of our day, so much the worse for our life. Amend the life according to biological laws, repent of physiological transgressions, and throw physic to the dogs, is the monition of the best medicine of the day. Thus, I believe, will therapeutics increase, but drugs will decrease."

Equally incisive is the following passage, sketching the negative advance in old-school therapeutics—"iconoclastic therapeutics." "Nor must we forget how much we owe to the scientific method for helping us along the path of iconoclastic therapeutics. The demolition of false theory and the abandonment of bad practice in medicine form, perhaps, not the least striking improvement that scientific knowledge is working. It may be humiliating to confess this, but it is at the same time encouraging. Many of the theories set up by our indolence and conceit have been exploded by observation and experiment, and the days of indiscriminate bleeding and wholesale drugging, on the ground of a flimsy pathology, have passed or are passing away. Day by day fewer patients are killed *secundum artem.*" (*sic.*) By the way, let us remind Dr. DONKIN that the said "scientific method" which has done so much for "iconoclastic therapeutics" is none other than homœopathy. For was it not the unassailable results of homœopathic treatment in diseases which no one in the old school would have imagined for a moment could be cured without the most heroic measures, that first opened their eyes to the fact that their heroic measures were at least unnecessary. They believed that homœopathic medicine was about equal to so much cold water, and certain Vienna doctors

resolved to try the effect of simple nursing without any but the mildest of doses of innocent drugs. The result of this "expectant" treatment was so infinitely superior to that of the "heroic" treatment, though inferior to the homœopathic, that no other inference was possible but that the old school treatment was not only unnecessary but positively injurious and lethal. Of course it does not suit Dr. DONKIN to be aware of this bit of history. He flatters himself that the "scientific" method having done so much is destined to do more, and that he is in the van of philosophical medicine when he laughs at the popular "fallacy," "that to have our diseases cured is a kind of right, that it is always and everywhere a reasonable thing to expect."

Dr. DONKIN considers that the study o the course and causes of disease is the only mode of true progress in treatment. Thus—"What, now, does modern pathology, or the study of the course and causes of disease, teach us touching the art of treatment, and in what direction does it point with respect to the use of drugs? The answer to this question alone, quite apart from *a priori* or historical views, can put the drug-treatment in its proper place, high or low. For it is clear that successful treatment of disease, if disease is to be modified at all, must depend on the extent and accuracy of our knowledge of morbid causes."

This looking to causes as the guide to treatment is in direct opposition to the recognition of the value of symptoms as a guide to the proper medicine. Hence Dr. DONKIN proceeds to inveigh against what he considers the ignorant delusion and unscientific mode of looking to symptoms as a guide. That the value of symptomatic indications for drug selection is involved in the belief that diseases and drugs have *some* relation Dr. DONKIN is sufficiently wide-awake to perceive, and he is obliged to lament

that we find this belief "cropping up when we should least expect it, and held by implication at all events, by men who appreciate and follow scientific method in their investigations."

But Dr. DONKIN himself quite misapprehends the real position of those who differ from him. He speaks of the "confusion of symptoms with disease processes, or the taking of effects for causes." Those who differ from him, and believe that the symptoms in a given case are the guides for the selection of the medicine, do not make such an absurd mistake. We never confuse the symptoms with the disease processes, much less take effects for causes. What we maintain is that the disease presents itself to our observation by its symptoms, and by its symptoms alone. Under the head of "symptoms" are included (1) The objective ones, viz., those which the physician ascertains for himself by all the refined means of physical examination, and (2) The subjective ones, those felt by the patient, and only discernible by means of what the patient can tell us. These two groups of symptoms picture to us the disease, and in this way only do we see the disease. We know from our knowledge of pathology and physiology what these symptoms indicate as to the nature of the disease-process, or we think we do, and in many cases, but by no means in all, we can trace the cause. In spite of Dr. DONKIN'S insufferable impertinence in speaking of "the sublime neglect of physiology and pathology" by the homœopaths, we make use of all the sublime knowledge of these two branches of study which he possesses, and describe, as he would do, what are the processes at work in production of the disease, with their probable causes, and so we make the diagnosis. But there we part company. He says: "What I wish to make clear is, that had we even a complete knowledge of the action of every drug, past, present, and to come, in the

pharmacopœias of the world, we should probably be but little nearer to a scientific treatment of disease," . . "and that the most learned pharmacologist may be as blundering, and even dangerous, in his treatment of disease, as a ploughman would be in endeavouring to repair a chronometer." Not only do we homœopaths directly join issue with him here, but so do all the most thoughtful men of the old school. Since the day when Sir THOMAS WATSON, at the opening of the Clinical Society, expressed his belief that the great need of medicine was to know the pure effects of drugs on the healthy body, in other words the *symptoms* produced, in order to find the true relation between drugs and disease, down to the present day, we find the same views frequently expressed. To be sure they are often coupled with a despairing expressive of disappointment with the results—that is, from an allopathic point of view. Still the accurate knowledge of the symptoms produced by drugs in the healthy body is looked upon by the best men in the old school as the source from which the expected light is to emanate. Of course it is unnecessary here to state that HAHNEMANN was the first to see this great point, and upon it is built his *Materia Medica*, and the whole practice of homœopathic medicine. The one desideratum is the key to the application of such facts—the law which is to point out the relationship between the symptoms produced by a drug, and those present in a disease. This, thanks to the immortal HAHNEMANN, we have in the law of similars, and till the old school see this their disappointment in drug-study must be abiding.

It would be instructive to Dr. DONKIN and others, after decrying to their heart's content the value of looking to symptoms as a guide to treatment, if they would turn to this very *Medical Times and Gazette*, in which his lecture

is published, for the year 1873. There he will find an editorial article—yes, an editorial article, entitled "The Treatment of Symptoms." To save him this trouble, we shall quote a passage from it:—

"For certain reasons it has of late become fashionable to decry the treatment of symptoms as unscientific, and as an imperfect means of attaining the great end of our art—the cure or relief of disease. Partly this is true—partly untrue. The habit of treating symptoms as they arise, without even trying to look beneath the surface, so as to discover the reason of things, is undoubtedly to be deprecated. It leads to slipshod and routine modes of practice. But, on the other hand, in too many forms of disease we are unable to penetrate to the *fons et origo mali;* in a good number of instances, even when it is within our power to do so, we are helpless after we have attained the knowledge of the well-spring of the disorder. Moreover, in many cases, penetration below the surface of the mystery of disease only permits us to have a glimpse of what lies half concealed and half revealed beneath. We are no nearer the real root of the evil, though we flatter ourselves that we are so. Even then we have only to deal with the symptoms of some change produced by long antecedent causes. In such cases, the scientific treatment of disease, falsely so called, partakes more of the nature of charlatanry than that of others, which confesses ignorance of ultimate causes, and tries to deal with their products as they manifest themselves . . . . . We do most emphatically claim for the treatment of symptoms, under appropriate conditions, an importance second to nothing in our system of medical practice."

This passage is excellent, and might have been written by a homœopath. The only improvement we can suggest in the wording of the above is to speak, not of treating symptoms, but of treating by symptoms. We do not treat the symptoms, but we treat the patient by means of his symptoms as our guide for the choice of the remedy. This

is philosophical. Dr. DONKIN's views are pseudo-philosophy. What, then, does Dr. DONKIN suggest as the true line of treatment? We give his own words:—

"Does not this show us that an intimate knowledge of the body in health, of its structure and functions, is the best approach to the study of disease, and that to guard, if possible, against the changes which may be called the beginnings of disease must be the right line on which to work. The progress of science in enlarging our knowledge of the processes of life has irresistibly altered the practice of medicine which depends on it; and medicine now more than ever, if a science at all, deserves to be called the science of health. The treatment of disease in the main must now become hygienic; it must be, as the *British Quarterly* reviewer says, 'the adaptation and modification of the laws and conditions of life.'"

And again—

"We have been able to antagonise many maladies, in some with great success, as might have been expected, by the rational application of natural means, such as special foods and atmospheric conditions, to certain morbid states with which by observation and experiment we have become better acquainted."

This looks grand and deep, and it is very well to express to people who are not ill the means by which they may keep in health, but when a man is really ill will it do to tell him that if he had not done this or that he might have been well, and that he must eat carefully and attend to all hygienic means to cure him? This is verily offering a stone when bread is asked for. The patient does not want to know all this till after he is well. *Then* he will listen to your preaching. But when he is ill he wants to be cured and not to be preached to. If we were ill, save us from Dr. DONKIN as our physician. The whole thing seems to be a *reductio ad absurdum*.

One good Dr. DONKIN's lecture will do is to show the

public, who still cherish a belief in the "orthodox" treatment, what a rope of straw they cling to, and how little they cast off when they betake themselves to homœopathy —the new system which has a law that explains and utilizes the relation between drug-action and disease. To deny that there is such a relation is derogatory to the Almighty. There is law everywhere, in celestial and terrestrial phenomena, and in our own bodies most beautifully seen of all. Not only are there laws of health, on which the mutual working of our various functions depend, but there are laws also in disease. We can tell with tolerable accuracy the natural course disease will take to recovery or death, and we can describe a disease with tolerable accuracy, as shown in a given class of cases. There is law also in the action of drugs on the body. They act on it with a law-abiding uniformity, so that a tyro in medicine can tell what a man has been poisoned with when he hears what his symptoms are; and even sentence of death is passed by our judges on the strength of the opinion of an expert, as in the case of that miserable man who lately poisoned his nephew by aconite. Again, every one knows that certain drugs have definite and well-known curative effects in certain illnesses. Is it conceivable, then, that there is no law in the relation between disease and drugs? Is this the only link in the chain of nature which is absent? It is impossible to conceive this without insulting the Supreme Creator, and in the minds of those who do, it is the result of a wonderful mixture of ignorance and conceit.

Apropos of Dr. DONKIN'S pessimist views, it is instructive and curious to read one of the editorial articles in the *British Medical Journal* for September 29th of this year. This article is a criticism of, and reply to, Mr. CROFT'S paper in the *British Quarterly*, which we alluded to at the commencement of this article. The editor says:—

"So, in many of its forms, disease is not only an excess or diminution of normal action, but is something entirely abnormal. And the important feature to the medical man, practically, is not so much that the abnormal growth obeys laws similar to those determining the behaviour of healthy structures, but it is the abnormality itself, which is of such a sort that we cannot be satisfied till it has been entirely removed and destroyed. It is of course quite true that medicine is much more hygienic than it use to be, and that, deeply founded on biology, its province is felt more and more to be, by studying the laws of the formation of products, normal and abnormal, to maintain the conditions leading to the former, and to obviate, if possible, those which tend to produce the latter, and, in short, to strive to maintain the conditions of health. In effecting this purpose, no doubt drugs are found to be less and less necessary; at least, it is seen that many diseased states are cured without their help, and hence one cause of the tendency observed to do without them But in other most important respects the writer seems to us to misapprehend the spirit of our art in its most modern developments. It is not, for instance, because it is felt that medicines have little effect in inducing healthy action that their doses are tending to become smaller, but it is an entirely different principle that is determining practice, and in regard to this he seems to us to be in some confusion. Referring to a remark of the late philosophical Dr. Alison, that the advance of medicine must be looked for in two directions, the investigation of the causes of disease, and the discovery of specifics, the writer states that the scientific progress in the former direction has quite discredited the latter. Now this statement, the spirit of which pervades the article, since in one form or other it is made frequently in its course, does not seem to us to be compatible with fact or with other statements made by the writer. In fact, the proposition is true only, or mainly, of the fevers, and what are called specific inflammations. Certainly the modern treatment of these does not rely on specifics, while the enormous diminution of mortality from these diseases which we have witnessed has not been

effected by their means. But when the writer says that drugs are now administered in other affections, not so much with the former indefinite aim to 'do good,' as with a distinct intention to produce some definite physiological effect, we may fairly ask if this is not another way of saying that medicines are administered as specifics. The fevers, after all, account for only one fourth or one fifth part of the whole mortality, and it does not do to assume, as the writer seems, by implication, to have done, that the principles of drug-administration applicable to them apply in the other affections whose causes are so different. We quite agree that doses of drugs are becoming smaller. But what is the administration of a definite small quantity of a remedy, with the view of producing a definite physiological effect? What is this but the search for specifics, which, according to the author, the scientific progress of medicine has quite discarded? To discover the part affected; to make out the nature of the affection, for example, whether congestive or spanæmic; to investigate the elective affinities of remedies, and the nature of their actions and of their reactions; then to administer such a dose of the remedy as will act in a definite way on the affected part—what is all this but to seek for specifics? And are not the very instances quoted, to which the addition of many more might be made, instances of the same specific action which the writer says the progress of scientific medicine has discarded? What is the action of *strychnia* on the 'inorganic muscle'—does the writer mean voluntary muscle?—what is this but a specific action; that is a definite or positive action, of which the action of *atropia* on the pupil is another instance? And is not the action of *digitalis* on the heart another example? And how can the writer say that the only specifics of to-day are the two known to Dr. Alison, when, in addition, we have those already mentioned, and also the action of *corrosive sublimate* on the large intestine, *ipecacuanha* in dysentery, *antimony* on the lungs, *pilocarpine* on the sweat-glands, and a crowd of others? Surely no one can read such a handbook of therapeutics as that of Dr. Sydney Ringer, without realising on almost every page that

modern therapeutics is in great measure the application of specifics, and that it is this more than anything else which constitutes its distinctive character. For our part, while we see plainly, as time goes on, a tendency to order less and less medicine, we also see that, when medicines are ordered, as it seems to us they must continue to be in the large number of ordinary ailments, they are being administered in steadily diminishing doses, with intentions on the part of prescribers of a more and more definite nature; or, in other words, that remedies are partaking more and more of the nature of specifics."

These are important statements, coming as they do from such a source. The editor admits that medicines are not only now given in much smaller doses, but on "an entirely different principle," and that they are given to act on a given part, and produce a definite result definitely aimed at. And truly this is not only treatment by symptoms, but what is the same thing, treatment by specifics. Not in the old sense of the word "specifics." In the old sense it meant "given a disease, given the remedy." Specifics in this sense could never be found, and no one was more opposed to such treatment than HAHNEMANN. But the true treatment by specifics—the one meant by the editor of the *British Medical Journal*—is the giving of a remedy which shows by its pathogenesis a specific relation to a given case of disease. It is the individualisation of the case of disease and of the corresponding remedy that constitutes the specificity, or, in other words, the homœopathicity. For it does come to this and nothing short of it. The admission of the editor regarding Dr. SYDNEY RINGER'S work is charming, and it proves, what we have all along pointed out, that it is full of homœopathy, and that its chief value or novelty consisted in the introduction of a great deal of homœopathic treatment without any acknowledgment—treatment which, when the book was first published, was to be found in any

homœopathic work, and *nowhere else*—treatment which is explainable in no other way than by the law of similars—such explanation, or indeed any, being carefully withheld. And the statements of the editor, just quoted, confirm what we all now see, that homœopathy, in spite of such would-be philosophical pessimists as Dr. DONKIN, is fast leavening the old school, and that it is only a question of time to see the universal adoption by the profession at large of the great teaching of SAMUEL HAHNEMANN.

OTORRHŒA AND ITS TREATMENT.

By ROBERT T. COOPER, M.D.

Physician, Diseases of the Ear, London Homœopathic Hospital.

IF there be one ear disease that more than another falls to the lot of the family doctor to treat, or one that the general run of patients are inclined to repose confidence in the treatment adopted by the general practitioner, it is this troublesome and frequently met with affliction, Otorrhœa.

Owing origin to every variety of inflammation that affects the ear, whether it be the highly inflammatory, which, beginning with symptoms that point to periosteal involvement is succeeded by those we associate with a catarrhal condition of the mucous membrane, or whether it be the truly eczematous, which, beginning as a dermatitis of the meatus, goes on to affect the muco-periosteal covering of the middle ear, or whether it be consequential upon the eczematous fevers, the result is the same, discharge of purulent or semi-purulent matter by way of the external auditory meatus with partial or complete destruction of the tissue of the membrana tympani.

While thus speaking of its mode of inception I wish particularly to lay stress upon the evil effects sometimes wrought by long continued accumulation of cerumen in the meatus as a factor in the production of this sometimes obstinate complaint. We see this exemplified particularly in cases where, owing to the peculiar natural construction of the external auditory meatus, there is a folding down from

above of the skin overlapping the entrance to the meatus, or similarly a rising up or malformation of the floor, and which, in consequence of the obstruction thus created, offers a barrier to the natural and free discharge of the accumulated sweat products and cerumen of the ear. These, accumulating, become decomposed, irritate and imperceptibly cause the skin of the walls of the meatus as well as the external lining membrane of the membrana tympani to become sodden and unhealthy, and this is succeeded by destruction of tissue, a corrosion resulting, so that we often, in examining such ears after removal of the cerumen, find, in passing a probe along the sides of the meatus, that it grates against the bone deprived of its natural covering of healthy skin, a first step towards the production of an otorrhœa.

This peculiarity of the walls of the meatus is found much more frequently in middle aged and elderly people than in children and adults. There is some reason to suppose that it is more or less a gouty malformation. Such cases as these are special cases, and should be regarded as such.

The naturally formed ear possesses the interesting physiological property of an automatic action, by which it has the power to remove its own contents, and it cannot too often be impressed upon patients that they ought not to meddle with their ears, or attempt by themselves to effect the removal of cerumen. For owing to this property possessed by the healthy ear, any superfluous wax will of itself find its way to the outside. The mode in which the ear effects dislodgement of its own natural secretion is very interesting. The skin of the auditory canal grows outwards, and in process of growth it carries with it the adherent cerumen that would otherwise block up the passage, as well as any scales of dead scarf-skin. This growth seems to begin from behind the malleus-handle, and it is proved by Dr. Clarence Blake, of Boston, who inserted small discs of paper upon the membrane and carefully noted at intervals the direction of their progression, that those discs adherent behind the malleus-handle reached the periphery of the membrane by a shorter route than those he fixed upon the membrane in front of it, and that wherever placed upon the membrane the tendency was to drift gradually towards the surrounding

meatus.* The less then that patients do for the removal of wax from their ears the better, and in cases where the ear is so peculiarly constructed as to offer resistance to the free and natural discharge of wax, the medical attendant ought to be consulted, so that the removal may be effected scientifically and without risk of injury to the delicately-constructed tissues of the ear. In all such cases, however, the application of plain olive oil to the canal of the ear will, in a great measure, obviate the necessity for frequent syringing. Oil is much superior to glycerine for this purpose, especially if, as is so often the case, any tenderness of the meatus exists.

Otorrhœa may owe origin to a variety of causes tending to set up irritation of the lining membrane of the meatus and middle ear. It may be produced by such serious conditions as a carious state of the small bones of the ear, or of adjoining portions of the temporal bone, in which case its obstinacy, danger, and obscure prognosis will be at once apparent.

Again, it may be the result of a simple inflammatory condition of the middle ear following upon an ordinary cold, or upon febrile affections in which the ear is involved only as a part of and in sympathy with the rest of the system; or it may, and very often does, as we have stated, result from an eczematous condition of the lining membrane of the external meatus, while again it may be caused by extension by way of the eustachian tube, of inflammation, ulceration, or otherwise, from the throat. In our text-books upon homœopathic treatment otorrhœa is generally described as a very easily cured affection, and many remedies are given as exerting a curative influence upon it. Very many of these observations are, I am firmly convinced, utterly untrustworthy. Nothing is commoner than to find a discharge from the ear to cease during treatment, and if the cessation of the external and visible discharge meant the curing of the disorder I would be perfectly satisfied. But those who, like myself, are in the daily habit of examining ears and of treating this affection, know perfectly well that otorrhœa often exists without patient or practitioner being in the slightest degree aware of it, and that its existence may be

* "The discs placed just posteriorly to the malleus-handle usually made a nearly straight line towards the superior periphery of the membrane." —C. J. Blake, M.D., *American Journal of Otology*, vol. for 1882, p. 267.

only revealable by a careful inspection of the ear itself, and that, even then, suction by means of Siegle's speculum has often to be performed before the existence of an ear-discharge is demonstrable.

It is particularly where the discharge is slight, and where perforation exists, that this affection may be present without its being perceived by the patient; as in this case, the membrane being perforated, a vent-hole is thus constituted, which allows of the free passage of fluid through the eustachian tube and into the throat.

The existence of decomposing material in the ear very often constitutes a focus, unsuspected and untreated, of purulent absorption, and hence we almost always find in these cases, if of long duration, and especially if in young constitutions, more or less tumefaction of the cervical lymphatics.

That consumption often owes origin to such cause is reasonable to suppose; indeed I have often observed a marked phthisical tendency in these patients which can be readily accounted for by the septic influence originating from the ear.

Another very noteworthy feature present in a large proportion of cases of long standing otorrhœa, is the presence of a loud venous bruit, resembling that of chlorosis in the subclavian vein heard loudest upon the side corresponding to that upon which the ear discharge exists. This has never, that I am aware of, been before noticed. I have, however, had an opportunity of pointing it out several times to other practitioners, and have myself observed it, in, it must be, some hundreds of cases. The rationale of the murmur I leave to others more conversant with such matters to determine; of its existence I have no manner of doubt whatever, and this, too, in cases where no sign whatever of chloro-anæmia exists, and I ask you, whose field of observation is so extensive, to give particular attention to it, and to carefully examine for it whenever you meet with cases of chronic otorrhœa.

Chronic headache, we may mention in passing, will often be found to be due to the presence of decomposed material in the ear.

We have, as stated, a large number of accredited remedies for otorrhœa, and Hahnemann gives the symptom, discharge from the ears, as being very often produced by drugs. It says a great deal for the value of provings, and

a great deal for the accuracy of those we possess, that the drugs credited with the symptom, discharge from the ears, are just those that in practice we find most useful in this affection: amongst these is borax.

Years ago, when acting as house-surgeon to the London Homœopathic Hospital, I was struck by the frequency and the uniform success with which Dr. Drury prescribed borax in the 30th dilution for children suffering from otorrhœa, though it is only of late I have myself much prescribed this remedy.

Like many other facts revealed by the Homœopathic School, this of the action of borax upon the ear crops up, though in a changed garment, among the modern revelations of our allopathic confrères. The allopaths have got hold of boracic acid and are using it extensively as a local application in the form of a dry powder to the meatus. Instead of being syringed, the ear, whenever the quantity of discharge allows of it, is well dried out with absorbent cotton wool, taken up in a forceps, and then the canal is either plugged with the boracic acid, or, as some prefer it, the acid is simply blown frequently into the ear.

This is certainly a great improvement upon their former methods of treating ear discharges with lead and mercurial lotions; it tends to keep the passage of the ear free from the baneful effects of an irritating discharge, thereby giving the middle ear an opportunity of recovering itself. It is certainly remarkable that the clinicician should have happened upon one of the borax compounds, seeing that our school, so many years before, had established the claim of borax to be considered remedial in this affection.

It is not for a moment to be supposed that we can in every case confine the local treatment of otorrhœa to the employment of agents in the form of powder. In cases suitable for this procedure I prefer the method of plugging the meatus thoroughly with the powder, and then cementing the dry packing with paraffin wax heated for the occasion and applied as a small soft roll so as to accurately fill the mouth of the ear passage and thus exclude the entrance of air and moisture. While, supposing the ear to continue discharging, the paraffin wax will insinuate itself along the passage of the meatus as the pulverised substance dissolves, thereby constituting a soothing and disinfecting application, as it slowly dissolves, to the irritated surfaces with which it is in this way brought into

contact. The slight warmth of the ear I find sufficient to cause partial liquefaction of the paraffin plug, but not sufficient to dissolve it altogether. In this way the necessity for constant washing out or syringing is avoided, and the discharge is kept much less offensive than it would be without the paraffin.

Paraffin wax I have found immeasurably superior to vaseline or lard as an excipient for local applications to the ear, its only drawback being the slight inconvenience of heating it on each occasion of using. Even this, however, can be obviated by the employment, as I am now in the habit of doing, of medicated paraffin pellets prepared beforehand, in sizes suitable for different cases. These can be inserted without the preliminary inconvenience of heating, though even these adhere all the better if rapidly passed through the flame of a candle before insertion into the meatus.

Prepared by heating along with finely powdered hydrastis, these plugs constitute a very efficient local application in the treatment of this disorder.

There is this objection to the use of paraffin plugs on the part of patients themselves, that they require more or less often to be removed by the operation of gently syringing; and while this constitutes no draw-back should the patient be constantly seen by a skilful physician, it, on the other hand, is not desirable should the treatment be undertaken at a distance. Hence in such circumstances we must look about for some other expedient. In applying the boracic acid, should the discharge be considerable, the acid is soon dissolved, and runs away with the discharge, while, if there is no discharge at the time of applying it, it is liable to be blown away. My advice in these cases to patients is, after blowing some of the acid into the ear, to procure some soft tissue paper, and folding up two or three grains of the acid in the paper, to tie it with a soft silk string in such a way as to form a little ball filled with acid that can readily be laid hold of so as to allow of removal if required. This acid ball is easily inserted by the patient himself with the aid of a small forceps, and then, as the discharge forms, the paper dissolving, it is met by the dry boracic acid falling into the ear passage; in this way the ear is kept thoroughly dry and efficiently disinfected. Two obviously important requirements in the successful handling of an obstinate ear discharge.

Patients themselves can readily blow boracic acid or other powder into the ear by attaching to a quill a piece of india-rubber tubing.

It is not sufficiently often taken into account that hemoptysis may originate from the presence of ulceration in the ear; the ulceration going on upon the mucous surface occasions a discharge of blood, and this, finding its way by the eustachian tube into the throat, is spat up. It is when hemoptysis occurs on waking in the morning that we may reasonably suspect this mode of origin. In one case at the hospital this was very observable, the man's mouth used to be filled with blood on waking in the morning, and caused him much anxiety until I explained to him the reason of it.

Such an occurrence met with in connection with a perforated membrana tympani argues the tendency to exuberant granulations in the middle ear, and in all probability will be, if not treated, succeeded by that troublesome affection, aural polypus.

This brings us to a complication of otorrhœa that we pride ourselves upon treating successfully. It is certainly a most obstinate affection, and if our treatment hitherto has been, as our bookmakers contend, successful, there would be nothing more to say. But this position is, I maintain, a wrong one. In *thuja*, *calcarea carb.*, *staphisagria*, with perhaps *nitric acid* and *teucrium* we are supposed to be furnished with armamenteria sufficient to cope against this very persistent evil. My experience, necessarily extensive, is altogether opposed to any such statement. There is one remedy, and only one, from which I have ever derived satisfactory results in the treatment of this affection, and this is the *nitrate of mercury*. I was led to it by witnessing the beneficial results of the ointment of *hydrarg. nitrat.* (*of B.P.*), well diluted, upon polypi, and since then I am in the habit of touching, as frequently as the case requires, these growths with a probe dipped in the *liq. hydr. nitr.* of the Pharmacopœia, and from this have gained the most signal success.

The greatest care is obviously needed that only the smallest quantity possible of the liquor remains on the probe, and it is equally necessary to keep well illuminated the surface of the polypus we wish to touch, and to apply our probe to it, and to it only. If all this care be not taken, and if the solution is applied not to a polypus but to the mucous surface of the middle ear, no one could be

answerable for the consequences. Applied, however, with these precautions every third or fourth day the polypus, if an ordinary-sized one, will be found to disappear in the course of a week or ten days.

Large polypi are so easily removable with a Staphyloma knife, which can be procured for the purpose at Messrs. Khrone & Sesemann's, of Duke Street, that I invariably resort to removal if practicable in the first instance. In removing a polypus with this knife, or with the more usual instrument, Wilde's snare, a certain portion of the pedicle is necessarily left behind, and it is this portion that putting on growth gives so much trouble. It is in these cases that the *nitrate of mercury* proves so useful. The following case illustrates its utility:

B. T., Esq., æt. 27, came to me 19th February, 1883, with otorrhœa of the left ear which, he says, appears every spring, usually in April or May, but this year as early as January.

A small piece of bone, that looks like the long process of the incus came away a week ago, and on examining the ear, I find a polypus occupying half the lumen of the ear passage, and evidently growing from the middle ear.

There appeared to be hearing on contact with the left ear, but this was doubtful, owing to the right ear being healthy.

I gave this patient five drops three times a-day of a solution of seven drops of *hydrastis* ♀ to half-an-ounce of water.

On 23rd February, 1883, finding no difference in size of the polypus, I touched it with an aural probe dipped in *liq. hydr. nitr.*, and gave as an ointment 15 grains of the *ungt. hydr. nitr.* to ℥ss. of *vaseline*.

In three days the polypus had dwindled from the size of a grain of wheat to that of a pin's head, in a week there was no trace of it, though a thin dark looking discharge remained. This was dressed with *boracic acid*, and a paraffin plug, while *kali hydriod*, followed by *hydrastis* ♀ was given internally.

By the 20th April the ear was free from the slightest discharge, and, contrary to expectation, the hearing of it had risen to three inches. He was hearing, he said, better than he had for a whole twelve months. The *hydr. nit.* treatment is applicable to both forms of polypi.

Otorrhœa is often, even in what appears to be obstinate cases, an easily cured affection. However, it is by trial, and by trial alone, we can in a given case be certain as to whether it will speedily get well or not. The prognosis of the affection may therefore be said to be eminently unsatisfactory.

The reason for this is apparent. There may be present caries of some portion of the temporal bone distant from the meatus, impossible of demonstration, and which of course constitutes a hidden irritant. With this exception otorrhœa is an easily, though it may be a slowly cured affection. The following is an example of what may be done for it.

Miss A., æt. 30, seen 24th October, 1882. Deaf since scarlatina at three years old, followed by otorrhœa, which has remained ever since; was under Hinton, who removed a polypus from the left ear with benefit.

Right ear is described as almost entirely deaf; both ears constantly discharge, the left being the worst in this respect, and in discharging the hearing always improves.

Just at present both are discharging, and she hears much better than usual. There is large perforation in both membranes. Right, 15 inches, left 35. Throat granular, no venous murmurs.

Prescription: *hepar* 3rd dec., gr. x aq. ℥ss., five drops three times a day, and a lotion of *hydrastis* ♀ four drops to two drachms of *glycerine*.

November 6th. Reports great improvement; can hear many sounds hitherto impossible. Continue *hepar*, but in the 200th.

December 20th. Hearing is much improved, but still has discharge from the left ear.

January 18th, 1883. Perfectly well in every way; the right ear discharged the day after seeing me, *never since;* the left occasionally, but not at all for three weeks. Hearing perfect for watch and voice.

This was a very noted case and had had especial attention from Hinton, in whose *Atlas* a plate of the condition of the membranes appeared. The discharge having lasted since she was three years old, put it, in the opinion of lay and professional advisers, out of the category of curable cases.

The patient to this day remains, I am proud to say, perfectly well.

As showing the usefulness of symptomatology, even in an affection like otorrhœa where brain abscess threatens, the following case is interesting. Albert P., æt. 20, has been deaf in the left ear since three years old with otorrhœa and habitual ear-ache. Lately he has suffered much with his head, the left side and sometimes the occiput being the parts most affected. Has every now and then pains like electric shocks shooting up the back of the neck. He gets a bad attack of ear-ache about every three months, or whenever the weather is very damp. Just before last Christmas (15th Dec.), he woke up at night with sickness and headache, and for twelve hours terrible headache and vomiting continued. Then for twenty-four hours remission set in, he was quite free from pain but the lull was succeeded by the same pain in the back of the head and neck, only that now both ears became painful and remained so for at least a fortnight.

Since this he has been much troubled with headache and a sense of stupidity and vacuity, both ears discharge slightly and a dirty blackish liquid cerumen fills the meati. Suffers from backache; no albumen in the water, bowels are irregular, sometimes confined for three days together, never diarrhœa. P. 120, temperature normal. Hearing—distance, normal right, barely on contact, left. His state is such that his medical attendant is, rightly, extremely anxious about him, and has warned his family of his being in a very dangerous condition.

Gave *hydras. can.* ♀. 7 drops to ʒss. of water; 5 drops three times a day in water.

Tuesday, 24th April 1883.—He got on very well till last Sunday; when in church he was seized with an attack of sudden semi-consciousness which is thus described by his sister;—When first seized he was standing and would have fallen but for taking hold of a support; pain seized him suddenly in the left temple and then extended across the forehead and down the jaw, most severe on the top of the head. When pressed against the pain became worse at first, it soon extended over the entire head and neck, then it seemed to travel upwards and left him as suddenly as it came.

On his way home, in the street, he opened his eyes and felt himself to be of immense dimensions while everything else looked quite small, also, he appeared momentarily to see those he looked at as in the act of running; everything

was remarkably vivid for the time but could not collect his mind afterwards, and seemed forgetful.

He felt himself going to fall, without any giddy feeling, but seemed powerless to prevent it.

Has had since this seizure backache and flatulency, sense of confusion in the head, with drawing-up of and pains in the feet.

When asleep during the night of Sunday, and more or less since then, the breathing was very laboured, with continual movement of the eyes though the lids remained closed, with sudden simultaneous twitchings of the right eye and mouth upwards, and sudden waking up without the least disturbance. Then he would burst into a violent perspiration, the pain remaining in the forehead and right side of the head, accompanied with confusion and extreme exhaustion and weariness.

Such has been his state until this morning.

This morning, on examining him, I found the hearing of the left ear had certainly improved; it has risen to seven inches, his pulse is 120, temperature normal, bowels confined. He feels, however, dazed and confused, hesitates in answering questions, but dreads another attack like that of Sunday.

I prescribed for him:

Cannabis Indica ♆ four drops to half-an-ounce of water; five-drop doses three times a day, while I dressed the left ear with a 1 to 10-powder of *pot. iod.* and *creta gallica.*

8th May. Has not, I am glad to learn, had a symptom of an attack; has been feeling quite well, ear is rapidly healing. Pulse 88. Continue.

22nd May, 1883. Continues well except for slight threatenings of pain in the right ear, some backache occasionally; bowels regular every day.

Prescription: *Soda chlorata* ø four drops to half-an-ounce of water; dose, as above.

From this forward he made a rapid recovery, we had to return for another fortnight to the *cannabis indica*, owing to some slight symptoms of an attack, otherwise our treatment was directed to the healing of the ulceration in the left ear.

The last report, 18th July, 1883, was: Is much stronger, can get through a good deal of work without feeling tired, and his head is quite free from pain. No ear-ache, or

dizziness, no discharge. Hearing very well; left 18 in., right normal

This is not the only case in which *cannabis indica* proved of great use when meningitis threatened; in another very severe case, where intense pain and throbbing in the ear and head, with loss of consciousness and tendency to coma existed, *cannabis* acted very promptly, and was chiefly depended upon for rescuing a patient from a condition I firmly believed at the time would have otherwise ended fatally.

It is regrettable that my notes of the case are not forthcoming, but in considering treatment, cases like these are eminently illustrative of the rule that symptoms are the proper and even the necessary guide to the remedy.

When the discharge of an otorrhœa is very profuse, and reforms upon removal very rapidly, otorrhœa is best treated with medicated lotions; if, however, the formation of the meatus be such, either from natural causes, or from an alteration occasioned by long continued ulceration, as to constitute a closure, and consequent impediment to the free exit of discharge, it may be well, as has recently been recommended, to insert a small drainage tube into the ear passage, through which the encased secretion may find an exit.

For local use in this affection the allopaths rely upon lead and zinc applications; nor would I care to refer to such improper treatment were it not that some of our members, not having had experience in such special affections sufficient to give confidence, often resort to these injurious measures in cases that prove rebellious to their early efforts at cure.

There is an old story told of a Scotchman who, when dying, counselled his son as to the superiority of honesty over dishonesty as a means towards the acquisition of success, significantly winding up with the forcible assurance that he himself had tried "baith."

Now I do not claim to be in precisely the same position as the Scotchman, not having tried both, but what comes to the same, I have seen both tried, and can fearlessly state, that with the sole exception of *nitrate of mercury* ointment, we reap no advantage in ear practice from these mineral lotions.

There are four lotions from which I derive the greatest possible success in the treatment of otorrhœa; the *first*,

and certainly the most generally useful, is that of *hydrastis canadansis*, which I use in the proportion of four drops of the matrix tincture to two drachms of Price's pure *glycerine;* the *second*, one drop of *mezereum matrix* to a like quantity of *glycerine;* the *third*, four drops of *pulsatilla matrix* to the same of *glycerine;* and, then, a fourth lotion I often use for the purpose of relieving irritation, hardening the softened tissues, and deodorizing the discharges, and this consists of equal parts of *eau de cologne*, *Flitwick water*, and *lime water*, an unscientific but useful combination. The first three must be used in accordance with homœopathic indications, and along with the internal exhibition of their chief component; the fourth is used somewhat indiscriminately, and is selected particularly where the discharge is offensive, and where there is reason to suspect an eczematous condition of the meatus.

In treating these otorrhœas with the liquid preparations the great point to insist upon, on the part of the patients, is *the absolute and urgent necessity* of allowing the discharge to flow freely from the ear at night, and for this reason I forbid the blocking up of the meatus with medicated wool when in the recumbent posture. The necessity for this injunction is very obvious, as if the discharge is not allowed to flow freely at night-time, the opportunity is lost for its doing so, and lingering in the meatus it becomes decomposed and constitutes a focus of irritation in the presence of which no internal or external medication has a chance of succeeding. *This is one of the reasons, indeed the principal one, why the ordinary practitioner so often fails in curing an otorrhœa.* With all these means in hand it is well to remember that we may still find it very difficult at times to cure some old standing cases of otorrhœa.

There would seem in some happily few cases an obstinacy manifested that would almost justify us in placing them in the category of malignant diseases. However that they are not malignant is evident from the fact that treatment can and does change the pernicious tendency present, a fact that along with the absence of any evidence of bone disintegration will also exclude the supposition of the presence of caries of the bony structures of the ossicula or walls of the middle ear.

The chief means I employ for effecting a change in the morbid tendency present in these cases is by means of the application of artificial metallic tympana.

After some difficulty I have been enabled to procure these, properly made, of Messrs. Khrone & Sesemann, of Duke Street.

The ones I generally use are made with two plates of tinfoil, laid upon and adherent to an intervening layer of pliable membranous material, and which is sufficiently pliable to allow of its easy and painless application within the meatus.

These tympana can also be made with sheet-lead, or gold leaf.

My practice is to have one of these metallic tympana in for four days, and I generally find on removing it that the granulating surface of the middle ear has assumed a clean and healthy appearance, and that the discharge has sensibly diminished in quantity.

But the principal effect of this application is not immediately seen; it is only when we continue to pursue our remedial measures that its good effect becomes apparent, in the greater disposition to recovery manifested by the case.

This I regard as a very important and necessary addition to the local measures resorted to in the treatment of otorrhœa, and I must take credit for having myself introduced it.

Before passing on I wish to refer to a case at the hospital of very obstinate otorrhœa recently discharged cured; the patient was about 35 years of age, and had had otorrhœa of the left ear from the age of sixteen, owing to a severe accident to his head that had rendered him unconscious for four days. Until coming to me he had not sought treatment for it. This case gave me a great deal of trouble, and my prescriptions included a great variety of remedies. At last, induced principally by the evident disposition to catarrh manifested by the patient, I prescribed the second decimal of *cubebs*, and on this he steadily improved, until quite cured, in the course of four or five months.

Opportunity did not afford for applying the metallic tympanum.

The discharge from the ear was watery, often offensive, and the membrane had become quite eaten away, no hear-

ing whatever existing in the ear. As an example of a cure by *cubebs* unaided, save by a few doses of *natrum carbonicum*, 30, towards the close of the case, it is, I consider, suggestive.

Many cases of otorrhœa, especially those we meet with in children, are traceable to the effect of a long continued non-observance of hygienic laws; bad drainage, combined with insufficient food and clothing, contribute to bring about a catarrhal condition of the nasal, post-nasal, pharyngeal, eustachian and tympanal mucous surfaces, and the mischief concentrating upon the middle ear occasions inflammation with its attendant discharge.

In these cases we often meet with a most obstinate form of chronic ill-health that needs all our resources to induce a re-establishment of healthy functions, not alone in the ear but in the other portions of the economy.

Besides the remedies that are well proved to be indicated in such conditions of system, I have found in Flitwick water, given in doses of from *five* to *ten* drops, three or four times a day, a most efficient addition to our means of coping with such derangement.

The analysis of Flitwick water reveals the fact that it contains nearly 3½ grains of silica to the gallon united with 144 grains of iron in the form of oxide and carbonate, and 13 grains of vegetable acids, particularly the ulmic and malic acids, and this combination goes to form a remedial agent possessing probably the strongest antiseptic properties of any known *natural* mineral water. The quantity of silica and iron exceed that found in St. Anne's Well at Brighton, for which our lamented colleague, Dr. Bayes, claimed such great things.

Being, as we have every reason for supposing, short of a systematic proving, in purely homœopathic relationship to the affection, we do not require to prescribe it in large doses, both the chalybeate and silicious action being obtainable in the above stated doses.

Judging from the analysis, it would seem that Flitwick water is in reality a concentrated *peat* water, hence we can understand its applicability, used locally, to affections requiring antiseptic dressing, more particularly the eczemas and ulcerating surfaces.

DISCUSSION.

THE PRESIDENT: I am sure you will all agree with me that we are deeply indebted to Dr. Cooper for his valuable and most interesting paper on a subject to which he has specially devoted his time. We have all, at times, some of those very tedious and troublesome cases to deal with, and I am sure we have had some most valuable hints about their treatment. The Flitwick water is new to me; I never heard of it before, and I have not the least doubt at all, if it contains *silica* and *iron*, that it is a most valuable water in cases like those described, where there is not only a strumous condition, but a tendency to deposits.

Dr. DRURY: Where is Flitwick?

Dr. COOPER: In Bedfordshire.

Mr. ENGALL: Where is the water obtained from?

Dr. COOPER: I do not think they send it from Flitwick in bottles, but in six gallon jars. Nelson, in Duke Street, always keeps it, and will supply it in small quantities. It is advertised a good deal in the medical papers.

Mr. ENGALL: Dr. Cooper has not stated the nature of the collection which takes place in the ear. I think it often results from the nature of the wax itself. Sometimes it is very black and very hard, and not the result I think of compression, but that the glands that secrete the wax are themselves diseased.

Dr. WOLSTON: I beg to second what is really Dr. Moore's vote of thanks to Dr. Cooper for his paper. Like all practitioners, I have come across a good many cases of chronic otorrhœa, and they have proved very, very difficult. I may say that in days gone by what I have found most useful was *nitric acid*. Then again, in *hepar. sulph.* I have found a very valuable ally, and latterly in *borax* and *boracic acid*, used in the way Dr. Cooper speaks of. The suggestion about the *paraffin wax* and *nitrate of mercury* I shall make a note of. Then, in connection with the removal of aural polypi, the knives Dr. Cooper has shown us are very useful but I think the patient finds them tolerably painful.

Dr. COOPER: Well, in some cases they might be so.

Dr. WOLSTON: I have removed polypi by a snare. I have never used it yet, but I am going to use for the next aural polypi I get, a new method of removal by incandescent wire; I intend it for both mucous and fibroid polypi. I removed a large nasal fibroid, as big as a small plum, only on Tuesday, from a woman; it has been blocking up the passage for years; the removal was perfectly painless and perfectly bloodless, and I found the instrument very simple and efficacious.

Dr. COOPER: That will do very well for nasal polypi but not for the ear.

Dr. WOLSTON: It would need most careful manipulation, but I think I should be inclined to try it. For the removal of nasal

polypi of course the instruments one has to use are very delicate and the platinum wire is very fine. Any one who has had a nasal polypus taken out in the old-fashioned way will never forget it. I have operated lately on two people who have had polypi removed from the nasal cavity by the old forceps, and snares too, and they both said that the operation by my method was absolutely painless, in fact they were not conscious of when the wire had separated the polypus. Then, after removal, I think that by touching the base from which the polypus is removed, by the use of a very fine platinum knife you obviate, I do not say the possibility but, the probability of a recurrence; and it is in aural polypi that we find them very apt to recur and here the platinum knife comes in of great service. I should be glad to hear whether Dr. Cooper's experience would lead him to the conclusion that they do not return after the use of the *nitrate of mercury*.

Dr. COOPER: No, they do not; I find that that keeps them away better than anything. There are cases in which the other mode of treatment would be useful certainly.

Dr. HAYWARD: I rise, not that I am going to add anything to the material or information that Dr. Cooper has given to us, but merely to say that the subject of the paper and the reading of it has given me intense pleasure. It is a great point, I think, in the production of a paper for a Society like this that it shall be really prepared so that it may be read in a continuous flow, so that we can follow the ideas it contains without too much hesitation; and I really feel that the manner in which Dr. Cooper has prepared his paper,—the way in which he has put it together, and the way in which he has read it, are very creditable indeed.

Dr. HUGHES: Dr. Cooper, indeed, deserves all our thanks, for he has been, I think, the first in England who has set an example of devoting himself very largely to a speciality in homœopathic practice, and I believe one of the most hopeful means of advancing homœopathy is the working of specialities. Dr. Byres Moir is devoting himself to a speciality, having a ward in the hospital for that purpose, and I hope he will give us some good fruit. Dr. Cooper has been working away at aural practice for some years, and I hope he will go on working as assiduously and successfully in the future as he has done hitherto. With regard to the paper he has read us to-day, the only point I noted in listening to him was that as to the use of glycerine instead of oil, or rather oil as being better than glycerine. Some time ago, in hunting for some other matters, I came across a paper on some medical observations and enquiries, in which an experiment had been tried as to the solubility of the cerumen and wax. Glycerine was not known in those days, but I may mention that warm water was much more effectual than oil. I have recommended patients to instil warm water into their ears. I think we cannot

too much recommend the syringe. In treating a recent case I could see very little indication of cerumen, but I thought it very likely that it was there; I syringed accordingly, and an immense quantity came out, and the patient was relieved.

With regard to otorrhœa, I would ask Dr. Cooper whether he does not attach some importance to whether the membrana tympani is ruptured or not, because that makes a distinction. The meatus is a skin covered canal, and any discharge in the meatus alone, the tympanum being unbroken, must be a skin discharge, and so of an eczematous character. When you have them once ruptured, then your discharge is from the mucous membrane, and that which lines the membrane; the pathology is so distinct that they must require two different classes of remedies, and I have always myself tried to keep that in view in treating these cases. I shall be glad to know whether he finds that an important distinction in the choice of remedies.

The President: Before Dr. Cooper replies I should like to add a word or two. Dr. Wolston referred to nasal polypi and taking them out. Now, I never take them out. I treat them by medicine and cause absorption, and the grand medicine that I find most serviceable in all cases is *kali bichromicum*. I make my patients take it internally; *kali bichromicum* in the 1st, then I alter to the 3rd decimal, and make them sniff up a little of the 1st trituration, or, if very insensible, of the first decimal. I have at the present time a patient who is the manager of one of our three sets of Turkish baths. He is a very worthy man, and it is perfectly surprising what a change there has been in the course of two months, in the polypi with which he is troubled. I could scarcely see it when I looked at it last, whereas it had originally, to a large extent, stopped up both nostrils. I would not emphasise this so much but that I have found it to operate effectually in so many cases. I had an old friend whose wife was treated for the same thing so long as she lived, and the polypi were always kept at bay; it did not cure them entirely but it kept them at bay, so that she never required any operation, and of that she was very glad because she had had them taken out over and over again by an allopath. This good friend came to me and said, "I have a friend in America suffering from the same thing; he has been operated upon, and I told him about my wife; then he told me to ask you for some of the same medicine." I said "that is a very round-about way, sending medicine to America; however I will send some." He got this medicine, the *kali bichromicum*—only the one medicine—and he wrote home to his friends some four or five or six months afterwards, full of gratitude for the immense service that it had done him; he said it had cured his polypus without any operation at all. I was going to ask Dr. Cooper, before he replies, to tell us whether *kali bichromicum* is

ever thought of in cases of polypus of the ear. I fancy that *nitrate of mercury* is an invaluable medicine. Perhaps Dr. Cooper will kindly say whether he has seen anything of the action of *kali bichromicum* in aural diseases.

Dr. PROCTOR: Will you allow me, as a special favour, to ask Dr. Cooper whether he has seen any reason in recent times to hold the same opinion as to *hypochlorite of soda*?

Dr. COOPER: Most certainly.

The PRESIDENT: There are two other matters; one is, whether Dr. Cooper has had any cases of Menier's disease, and the other, whether he has seen the same grand results from the *hepar sulph.* 200 that he reported some little time ago.

Dr. WOLSTON: Also whether he has found *picric acid* of much value in *tinnitus* lately?

Dr. COOPER, in reply, wished it to be understood that he did not at all mean that the mode in which cerumen became impacted indicated in his paper was the only or even the chief one. Structural alterations in the sides of the meatus causing mechanical obstacles to the progress from within outwards of the retained cerumen existed only in certain cases, one variety of which was described in his paper. This he thought he had made perfectly clear. Dr. Hughes wished to know if the treatment of an otorrhœa with perforation differed in any essential way from the eczematous varieties in which, presumably, no perforation existed. In reply, he (Dr. Cooper) wished to state that according to some authorities, perforation always existed in cases of otorrhœa. This was not his (Dr. Cooper's) opinion, but in the treatment there was no essential difference between both varieties except what might arise from different symptomatic indications. Dr. Hughes mentioned the fact that the cerumen of the ear was more soluble in warm water than in oil. This he (Dr. Cooper) believed to be the case, but there was this objection to the use of warm water, that it could not so readily be kept in contact with the wax, and for its efficient application required the directing the patient to constantly have his ears syringed, which in his (Dr. Cooper's) opinion there was a very serious objection to its employment; as the less patients were allowed to meddle with their ears the better. Pure olive oil can be easily applied to the ear on wool, and most certainly it exerts a softening effect upon the wax; if kept constantly applied, day and night, for two or three days, the removal of a lodgment of cerumen, no matter how hard it may have been, will most certainly be facilitated. He has had great benefit from *picric acid* when indicated.

AN ENQUIRY AS TO THE PLACE WHERE IMPREGNATION OF THE HUMAN OVUM OCCURS.*

By T. Engall, M.R.C.S.E.

As the time at my disposal is so little I will at once proceed without further introduction.

Whilst experimenting with no reference to the present subject, I took a capillary tube (a piece of a thermometer) open at each end. I closed the upper end with my finger, and placed the other in water; the water entered, but did not rise much by the capillary attraction. I removed my finger from the upper end, and then the water rose. The finger confined the air in the tube, and this prevented the water rising much; this was removed, and then the capillary action was greater than the weight of the air above, and thus the water was able to rise in the tube. This was $2\frac{3}{8}$ inches long, the bore of it, I regret to say, I did not note; it was capillary, but not so fine as those now used. The end was immersed $\frac{1}{8}$ of an inch in water, and this rose in the tube one inch. On lying the tube horizontally, the mass rose one inch and $\frac{1}{4}$ after it was taken out of the water. The tube was then open at both ends.

In a tube with a bore of fully $\frac{1}{4}$ inch, with the upper end closed, the water entered a very little; when the upper end was opened it rose about $\frac{1}{8}$ of an inch, and when removed from the water formed a thin circle round the end of the tube, just what adhered to the side of the glass, this was the result of several experiments.

With a tube with a bore $\frac{1}{16}$ of an inch when the top aperture was closed the water entered $\frac{1}{8}$ of an inch; when the top aperture was opened it rose to $\frac{3}{8}$ of an inch, and remained up when removed from the water, and when laid down the mass of water kept together, although it ascended higher. This was the uniform result of several experiments. The above experiments, however, confirm the general law, that the capillary action is inversely as the size of the bore.

The length of the cervical canal of the uterus is about two inches, in one part of its length it is capillary, it then expands into a space large enough to admit half an almond;

* Read before the British Homœopathic Congress, held at Matlock Bath, September 13th, 1883.

into this opens, at its upper corners, two capillary canals contained in the fallopian tubes, and which end in the centre of their fimbriæ. The cavity of the uterus is closed, so that there is no outlet for any of its products except by the os tincæ; the like closure occurs as regards the fallopian tubes.

Now what fecundates the germ is a fluid, and the generally received opinion is that this fluid not only enters the uterus but passes up the fallopian tubes and impregnates the ova in the ovaries; but if this fluid is subjected to the same laws as other fluids can it do so? We have seen that when the ends of the tubes were closed there was a great difficulty in the water entering, and that in the most favourable cases it rose only $\frac{1}{8}$ of an inch, and that in a tube with a bore of $\frac{1}{4}$ inch it scarcely entered at all; now, supposing that the fluid rose in the cervical canal when it came into the cavity of the uterus how could it rise there to reach the fallopian tubes, for its capacity is more than that of $\frac{1}{4}$ of an inch? To this, it may be replied, that the uterus is not a glass tube, and that the spermatic fluid is a fluid and something more.

A Husband's capillary tube placed in water drew the water up $\frac{5}{8}$ of an inch. In a similar tube, placed in some spermatic fluid (with which some blood was mixed) the fluid rose to one inch, $\frac{5}{8}$ as high again as the water was raised in the former tube. What was peculiar was that the spermatic fluid left the blood (that is separated itself from it) and ascended above it, leaving a space of $\frac{5}{8}$ of an inch between the blood and the lowest margin of the spermatic fluid. This shows that the force by which its ascent took place could not be capillary, for if so the stream should have been continuous, it was doubtless due to a force inherent in itself. Now we know that the seminal fluid contains spermatozoa; that these have tails, and that these tails are in constant motion whilst vitality exists in them. Is it not due to these that the separation took place and a space was left between the sperm and the blood?—the rise of this being due to capillary action and that of the sperm to the action of the tails. The tubes in which these experiments were tried were open at both ends.

Into the same sperm and blood a tube, with a bore of $\frac{1}{8}$ of an inch, was placed; the blood entered as far, probably, as the tube was inserted into it, but no separation of the sperm took place (none rose into the tube as it did in the

capillary one), from which we may infer that it is necessary that the space through which the tails can act must be capillary, and that a bore of $\frac{1}{8}$ of an inch is not effectual for this purpose. Now the cavity of the uterus expands much more than $\frac{1}{8}$ of an inch, and as the fallopian tubes enter at the upper part of this space the spermatic fluid, if it enters the cavity of the uterus, cannot reach the extremity of these tubes, and that, therefore, fecundation of the ova in the ovaries of the human female is not possible if these facts be correct.

According to Müller, vol. ii. p. 1486.

"Even as regards the inferior animals there is diversity of opinion amongst the observers as to whether the spermatozoa reach the ovary; whilst Prevost and Dumas found them in the fallopian tubes, and Bischoff in the ovary itself, Dr. Barry found in the rabbit that in 17 out of 19 instances he was unable to discover spermatozoa in the fluid collected from the surface of the ovary, on one occasion he found a single spermatozoon, which was dead, while the ova had escaped. On a second occasion he found (twenty-four hours *post coitum*) several spermatozoa on the ovary; some of these animalcules were alive and active, though not in locomotion: others were dead, there was no enlargement of the Graafian Vesicles, nor a high degree of vascularity of any of the parts." Now the fact that in 17 out of these 19 cases the spermatozoa did not reach the ovary would support the view that the ovary is not the normal seat of impregnation, yet that in two cases some were found there would explain the fact that occasionally abdominal and tubal pregnancies do exist.

Although not strictly within the limits of the subject under investigation allow me to advert to the difficulty experienced by physiologists as to the mode of introduction of the seminal animalcules into the uterus.

Müller, vol. ii. p. 1491, says:—"This part of the process cannot be effected by the movement of cilia, for the mucous membrane of the *human vagina* presents no ciliary motion. Heule could detect no ciliary epithelium lower than the *middle* of the neck of the uterus. Still, notwithstanding the great narrowness of the orifice of the uterus in young females, we can conceive that the semen can be mechanically forced through it during the act of coition by the movement of the penis, it is difficult, how-

ever, to explain the occurrence of fecundation when the hymen is perfect or when the penis is very short."

Now is not this explained by the fact of the movement of the tails of the spermatozoa, the narrowness of the canal aiding the ascent.

It will be unnecessary for me to go into detail as regards the fecundating act, suffice it to say that it is generally supposed that the ovum is fecundated in the ovary before it quits that organ, now to this there are many objections to be urged. If the fallopian tubes are pervious to a fluid might they not be more so to air, and, as this sometimes forms in the uterus, might not this make the woman liable to peritonitis? If one fluid could go up why might not another, and hence the mucus of the uterus or any diseased fluid produced there might ascend. If air will produce peritonitis when allowed to enter the peritoneal cavity why should fluid not do so, and that fluid might ascend is probable because, if fecundation took place at the ovary, the spermatic fluids must reach it. But it may be reasonably objected that if this was in a natural relation to the part it would not produce any bad effects; true, if it were absolutely necessary that fecundation should take place here, no doubt that provision would have been made to provide security from danger. Whether this necessity exists or not will be apparent as we proceed.

The *un*impregnated ovum is in its natural relation to the woman, being a part of her system, but when impregnated this relation is changed. From that time the great object is to throw off from the system this parasite, even when it is in the womb. That it does not succeed in this is, that to accomplish this end the uterus has to dilate in order to contract again, but, as the parts yield, there is no point of resistance until the ultimate expansion is reached and the fibres of the uterus having now a resisting surface from which they can act, expulsion takes place.

It is the opinion of Dr. Edward Blake that fluids, even when injected into the uterus itself, are not liable to enter the fallopian tubes. But if these tubes are formed for the reception of, and transmission of, a fluid, why should they not? It may be said that, being formed for the transmission of *spermatic* fluid, they will transmit no other—it may be so. But are they formed for this purpose? Their formation would indicate quite another purpose. One thing is certain that the ultimate temporary home of the ovum

is in the *uterus*, that to reach this it has to travel down the fallopian tube. Now, in order that this may be effected, the upper part of the tube is enlarged into a cup into which the ovum is received. In the centre of this cup is a small opening which will admit only a probe, and lower down a hog's bristle, and which at the uterine extremity will not admit this. The inside of this minute channel is lined with cilia, the object of which is to urge the ovum downwards. Now, if these merely waved to and fro, it might be said that by means of the backward stroke the spermatozoa, aided by their tails, might be able to ascend, but it has been ascertained by Mr. Quickett that, besides this to and fro movement each cilium has a movement, upon its own axis, of about a quarter of a circle, this motion, whilst it would aid in one direction would be fatal to a movement in its opposite. But supposing that the spermatozoa had gained the upper part of the tube and come to the cup, how could they be applied to the ovary? for we have seen that for their progression the calibre of the tube must be capillary, and as the cup is not so they could not pass out of it, unless direct contact of the canal with the ovum took place, and this would necessitate the temporary destruction of the cup, and render it incapable of receiving the ovum. Supposing that fecundation in the ovary, however, takes place, we know that in some cases extra-uterine fœtations occur. That they are so infrequent is cause for thankfulness, but if fecundation took place in the ovary, how is it that they so seldom happen? If fecundation *did not* take place here, and an ovum fell into the abdomen, being a part of the woman, it would be productive of no harm, but a fecundated one would probably eventuate in the death of both mother and child. Again, at this point the only junction of a mucous with a serous membrane occurs. Now mucous membranes secrete a fluid, might not inflammation be induced by this? Unless absolutely requisite why expose the woman to the risks of peritonitis, if air enter the abdomen great danger of this is induced, how much more when a fluid, and especially when a vitalizing fluid, is brought into juxtaposition with it.

Having thus shown that as far as the fallopian tubes are concerned their normal action is against the supposition that the spermatozoa ascend, let us now see if the circumstances under which the uterus is placed will conduce to the sperm rising to the fallopian tubes. The cavity of the

fundus is said to be sufficiently large to hold half an almond, but whilst the cavity is broad when viewed from the front it is narrow from behind forward but not so much so as to form a capillary surface, but supposing that it did, in consequence of the dilitation of the front part the sperm could not reach up very high, the familiar experiment with two plates of glass arranged to touch each other behind and from this to divide at a very acute angle, shows that it is only at that part which is capillary that the water will rise and as this state of things does not exist here the sperm would not rise. If the spermatic fluid was intented to enter the fallopian tubes, why do these open in the fundus; where in consequence of its shape and height, it is almost impossible for the sperm to do so. Would not this end have been better secured, had they been placed near where the cervical capillary channel enters the body of the uterus?

Hitherto we have gone on the supposition that the uterus itself is passive, is this the case? Has it no power of contracting the cavities so as to render them capillary? In the rabbit I believe this to be the case, and in the human male organ it is probable that the elongation of it and the congestion around the urethra may contract the channel and enable the ejaculation to take place with greater power. Is there any reason to think that a similar contraction can occur under the stimulus of the venereal orgasm in the woman. In its contracted state the uterus has a cavity in its interior, can this be still further contracted? When clots form in its interior these are expelled, and for this end contraction must take place. When membrane exists the same probably occurs, but in these circumstances great pain usually accompanies the expulsion. As this does not exist with the sexual congress it is probable that no such contraction takes place at that time, besides the nature of its structure precludes the probability of it becoming capillary and could only admit of contraction to a very limited extent, if at all, beyond that which exists, for although it dilates under the influence of the ovum when this is removed the contractile power always allows a cavity to exist.

But it may be said, facts are against this theory. Do we not have cases of abdominal fœtation; how can these be accounted for unless impregnation takes place in the ovary? Yes, unquestionably we have them. Exceptional they are, but why are they so seldom, if fecundation has its natural seat in the ovary. Is it not likely that by some

unusual means spermatozoa get into the fallopian tube, and ascending to the cup of the fimbriæ, there meet with an ovum and fecundate it, from shock or some other cause, it is displaced, or prevented descending, and gradually increasing, encroaches upon the abdomen in which the fœtus develops the various changes essential to its existence, until disease being induced, it takes its mother's life, and makes her body its tomb. This, as well as that of tubal pregnancy, are apparent objections, but if the right place for fecundating the ovum be the ovary, and for the ovum is to be received into the fimbriæ to be sent down into the uterus. why should the cup not transmit it, and especially why in the case of tubal fœtation should it not be transmitted, especially seeing that this is the natural function of the tube. Does not its inability to do so in this case form a strong argument that its legitimate sphere of action is not to transmit ova that are fecundated?

Another curious fact supporting the view that the ovary is not the part where fecundation takes place is, that these cases of extra uterine fœtation always occur in women who have borne children previously, those through whose fallopian tube ova have passed down, and not in those who have never before had an ovum impregnated; it is easy to conceive that the uterine extremity of the fallopian tube having repeatedly dilated for the passage of an ovum might become patulous, and thus allow of spermatozoa entering, and meeting with an ovum impregnate it, and causing increase in its size prevent its further descent; yet if the ova *were always* fecundated there, why should this ovum not pass down. Does it not show that it is in an abnormal condition not to do so, especially as if this theory be true some fecundated ova must have passed down before, for these cases occur only in women who have had children previously.

Why should the first ovum that a woman has impregnated not be a case of extra-uterine fœtation? If the ovum is fecundated in the ovary and the fallopian tube has never been dilated by one, is there not a greater probability of resistance to the descent of this ovum than in the case where one has passed two or three times before?

As to the cause producing these cases we may get a side light upon the subject by considering the rules which were given to Moses. The intention of these was to secure a numerous progeny, and one of the results of these rules was the prevention of abortion. To carry out these views the

woman, during her menstrual period, was to dwell apart from her husband for seven days, if, however, the discharge persisted longer than this she was still to be separated, and that for seven days after the menorrhagia had ceased. May it not be that the cause of the extra-uterine fœtation arises from violation of these rules in relation to the menstrual period? As regards the object of the menstrual flux many theories have been propounded. Has this been so? that as the uterus has to enlarge during gestation the menstrual flow arises from a separation of the uterine fibres relaxing the contractive power which they exercise over the uterine vessels, thus allowing a slight oozing of sanguineous serum through their coats. As, after the birth of a child, the contraction of the fibres of the womb ligatures (so to speak) the placental vessels and prevents flooding, so here a slight reversal of that action producing relaxation of these takes place. The object of this relaxation being to keep the uterine-fibres from forming adhesions which might hinder the uterus expanding, or embarrass it when so doing under the influence of the ovum.

Whilst this state of relaxation of the uterine-fibres exists a like condition may influence the fallopian tubes, and relaxation of them and of these uterine extremities may take place, and thus if any spermatozoa be near they may ascend and remaining there may impregnate the next ovum that is passing down, and thus enlarging it, prevent its entering the uterus, as the uterine extremity of the canal is the smallest part of it, its previous relaxation having ceased with the cessation of the menstrual functions.

Had the intention been to prevent fecundation in the woman taking place in the ovary, what better plans could have been devised than exist, as we have seen that the spermatozoa could only ascend through a small canal, we find the first great obstacle to their ascent to the ovary in the interior of the uterus being widened and losing the capillary character which the canal had, and thus preventing them reaching the uterine opening of the fallopian tube, but if they did so reach the extremity of the tube, this being so small that it will not admit a hog's bristle would only allow a few to ascend, and when these few reached the fimbriæ its cup shape would present an obstacle to their further progress, besides which, if it was intended that they should enter the fallopian tubes, why are these placed so

high in the fundus of the uterus as to be out of the reach of the sperm unless a great amount be thrown in.

On the other hand, if the uterus was to be the seat of the fecundation we see that this was arranged for by the cervical canal being capillary, and thus enabling the spermatozoa by means of their tails to ascend, by the cavity of the uterus being expanded thus preventing them going further, and by the fallopian tubes being placed so high that they, under normal conditions, could not reach them.

Discussion.

The President: I am sure it must have cost our friend Mr. Engall a very heavy course of study to prepare such a paper as this, and to bring it before us. There is no doubt he has given very cogent reasons for what he thinks, and we shall be happy to hear the statements of anyone here upon the subject. Dr. Dudgeon will perhaps say something.

Dr. Dudgeon: I do not quite enter into Mr. Engall's statements about the capillary attraction and so on, because I think he leaves out of the question another thing, viz., that the capillary attraction may either take place, or may be altogether superseded by some other process that takes place in the mucous membrane itself. We know that the mucous membrane is not like the smooth surface of a glass tube, but that it is an animated membrane which is endowed with certain organs, which have a certain power of independent motion of their own; possibly the difficulty might be got over even if we did not admit the probability of the seminal fluid always getting into the fallopian tube; remembering also that the ovum belonging to the female is very willing to come forward to meet and embrace the spermatozoa which belongs to the male; and we know that the ovum without any impregnation at all is always descending through the fallopian tube, so that it might meet the seminal fluid necessary for impregnation without the seminal fluid going to the length of the fallopian tube; at the same time we know that in cases of extra uterine pregnancy if the spermatic fluid is the means of impregnating the ovum it must be done through the fallopian tube, but how it is done, I think, is not to be explained—or to be explained away—by the phenomena of capillary attraction and a glass tube.

The President: Do I understand that Mr. Engall believes that impregnation takes place in the bed of the uterus and not in the fallopian tube?

Mr. Engall: Yes.

Dr. Hughes: My great objection to Mr. Engall's theory would be, that if impregnation occurred in the cavity of the uterus, we

ought to have multiple pregnancies far more frequently than we do, because I believe it is ascertained that in menstruation more than one ovum is formed and discharged. If the ova be conceived as lying in the bed of the uterus, and then the seminal fluid to be injected there, the ova must all be impregnated, and twins, triplets, and quadruplets would be the rule, to the very great affliction of those of us who are fathers. So that Mr. Engall's objection that there is a difficulty in the spermatozoa accomplishing such a long passage, and ultimately reaching the ovum, is perhaps the greatest evidence in favour of that theory, because we do not want more than one spermatozoon to reach the ovum. One having reached there, and entered through the micropyle which has been ascertained to exist, gives all that is necessary for impregnation, and thus you have the rule of a single child instead of the multiple; further, my impression is that when I learned my physiology I was taught that the movement of the cilia in the uterine cavity and the fallopian tubes is from below upwards, and the reason assigned for that is that they may convey the spermatozoa. So that that theory is that while the whole of the fluid enters the uterus, the spermatozoa are wafted upward, along the side of the uterus, and that then usually one only reaches the fallopian tube, and so goes up that passage and makes its way into the ovum. I believe that is the theory, and though I am not prepared to affirm it, or argue it out now, it seems to me plausible; but I should like to hear what Mr. Engall has to say about it.

Dr. Wolston: Mr. Engall at first, I thought, rather denied the spermatozoa their exceedingly active power of procreation which has to be borne in mind; because penetration of the male organ is in no wise necessary to fecundation. I am myself acquainted with a lady who gave birth to a healthy child, and yet assures me that though she has been married seven years she has never had complete intercourse with her husband—never; and when she was pronounced to be in the family way she said it is impossible, for though she had heard what ought to be married life it had never occurred to her; her husband was quite incompetent I fancy for that. That was a fact that had to be borne in mind. Then the dilatability of the fallopian tube is, I think, greater than has been very often considered, because I think it is pretty well proved that the uterine sound, even in women that had not been pregnant, has been known to pass into the cavity of the abdomen; and secondly, the ejection of certain fluids into the cavity of the womb, not unfrequently, have set up peritonitis from their actual passage into the abdominal cavity. Then I think cases of infection must also arise in practice where we find mischief set up in the peritoneal cavity by transmission through the fallopian tube. As to where im-

pregnation takes place, it seems to me to take place anywhere, because uterine fecundation is not so unfrequent but that it crops up now and then in anybody's practise.

The PRESIDENT: I never had a case of it in my life.

Dr. HUGHES: Nor I.

Dr. WOLSTON: I have had more than one. One case I sent to the Infirmary, and the woman remained there for many months, and she is now up and about and going on all right. The fœtus is not come away; it is felt distinctly as a hard mass in the pouch behind. Luckily for the patient the fœtus died when she was not more than two months pregnant, and no mischief followed.

The PRESIDENT: Do you think it is a fœtus, and not a tumour?

Dr. WOLSTON: No, it is distinct and clear. I agree with Mr. Engall that the place for impregnation is the upper part of the uterus, because if it gets anywhere else we sometimes see terrible effects. Nevertheless, I conclude that impregnation takes place most generally in the fallopian tube, and I think that the observations of physiologists in these days tend to show that it is from the fallopian tubes that it most frequently takes place, That is the tendency of Lawson Tait's observations, and the outcome of abdominal surgery at present, and that the organs are very much more active and very much more dilatable than they get credit for being.

Mr. ENGALL: I am sorry to say that the want of time prevented my bringing forward a good deal more evidence in support of the view I put forward than I have been able to do to-day. I do not see the force of Dr. Hughes' objection on the ground that multiple pregnancies are not more frequent than they are. How do you account for so many children being born at once? If you go to the College of Surgeons you will find there five children at a birth. I do not see how that can be accounted for on the supposition that the impregnation takes place in the ovum.

Dr. HUGHES: Five ova might have been extruded at once and all impregnated there.

Mr. ENGALL: First of all, how is the spermatozoon to get up?

Dr. HUGHES: I suggested a route just now by which it might get up—along the side of the uterus.

Mr. ENGALL: How does it get up to the mouth of the fallopian tube?

Dr. HUGHES: It gets up to the cup.

Dr. HAYWARD: At the top of the fallopian tube?

Dr. HUGHES: The fallopian tube tightly embraces the ova there, and the ovum that is being extruded might come into actual contact with the capillary mouth of the tube.

Mr. ENGALL: My impression is that it grasps the ovary and still retains its cup shape, or how would the ovum fall into it?

Dr. HUGHES It might not fall; it might go down without falling.

Mr. ENGALL: I see very well why we should have single pregnancies. Suppose that the ovum goes to the top of the cervical canal in the uterus, then the spermatozoon that comes up first impregnates it.

The PRESIDENT then brought the proceedings to a conclusion with a few remarks.

CLINICAL NOTES ON SOME CASES TREATED IN THE BUCHANAN COTTAGE HOSPITAL, ST. LEONARDS, DURING THE YEAR 1882.

CASE III.—*continued.*

Aug. 20th. Is now up, and says he feels well except for headache, which is less severe.

From this he slowly but surely improved, his headache still remaining, but troubling him mostly at night He was discharged at his own request on August 30th on which day the ophthalmoscope showed the following condition of his eyes: both eyes' discs perfectly obliterated, and almost uniform in colour with surrounding parts. The centre has a slight bluish grey streaked appearance. Retinal veins tortuous with curved appearance on disc. Arteries small, especially in right eye. Has good vision. Reads Sn. 0.5. No albumen in urine. Myotatic phenomena normal. The man subsequently went to London, and, after some time, as his headache returned severely, he obtained admission into the London Homœopathic Hospital, and upon inquiry he is said by the Resident Medical Officer to have developed whilst there a well marked and distinct secondary syphilitic rash. The case, during the whole of its varied course, presented great difficulties in diagnosis. Taking up the theory of cerebral tumour it was thought from the symptoms presented on August 11th,

that this was followed by basilar meningitis. The subsequent history of the case suggests that the whole disease may have been due to an anomalous form of syphilis, the sore throat and cerebral symptoms being due to delayed secondary syphilis with meningitis, and that it might be classed under the somewhat unusual cases of "Syphilitic fever."

Case IV.

Epithelial Cancer of Cervix Uteri: Amputation of Cervix by Galvano-cautery.

S. E., æt 29, was admitted August 10th, 1882, with the following history. She is married, and has had four children and one miscarriage; her last child is fifteen months old. For more than three months she has had a continuous sanguineous discharge from the vagina, which has lately become very offensive in odour and green in colour. She suffers very little pain but has lost flesh. Her grandfather died of cancer.

Upon examination, the vagina was found to be occupied by a large uneven mass, soft in places, freely movable, and easily bleeding. It grew from the anterior lip of the cervix uteri, and had marked everted edges, so much so that the finger could be passed readily round the growth, and on turning it forward at the posterior vaginal *cul de sac* the apparently healthy os uteri could be made out. The growth was visible with the speculum, and had a dark sloughy appearance. There was no implication of the vagina, and the body of the uterus seemed free from disease. Injections of permanganate of potash tended to lessen the offensiveness of the discharge.

On August 19th, under ether, the patient was placed in the lithotomy position, and the growth drawn down, just external to the vagina, by Vulsellum forceps. The wire of the galvano-écraseur was then passed around the cervix above the growth, connection with the battery made, and the mass slowly removed. Precaution being taken with horn spatulæ to prevent charring of the other tissues. The denuded surface, except at one small spot at the upper part, appeared quite free from all disease. To this spot and to the whole surface a thorough application of the galvano-cautery was made. The vagina was then syringed out and plugged with tampons of cotton wool soaked in a

solution of perchloride of iron and carbolic acid. A morphia suppository was introduced into the rectum. Ordered *tr. arnica* every two hours. Evening: temp. normal. A very little soreness, and some slight hæmorrhage.

Aug. 20th. Temp. normal; fair night; no hæmorrhage.

Aug. 21. Temp. normal; the tampons changed; vagina syringed, fresh tampons introduced. Evening: Has complained for a few hours of considerable pain about the lower part of abdomen, which is tender to pressure. Temp. 101·4°. Ordered *tr. aconite* and *tr. belladonna* every two hours alternately.

Aug. 22nd. Temp. 99°; much less pain; has slept well; tampons again changed.

Aug. 23rd. Temp. 98·4°. Very comfortable. From this point the patient made satisfactory progress, and on Sept. 7th the monthly period returned for a few days. She was discharged on Sept. 24th. The wound had quite healed, but there was a suspiciously hard nodule by the os uteri. The patient had, however, gained considerably in weight, was relieved of an offensive discharge, and felt able to resume her household duties. Unfortunately, not long after her discharge, she began to complain of deep-seated pain about the pelvic region, which remained most obstinate to treatment; and she died at the end of December from exhaustion, the growth having recurred most rapidly. There was, however, no discharge, and no ulceration or breaking down of the mass, but the patient was much debilitated by occasional severe hæmorrhage.

Case V.

Strumous disease of right Index Finger: Amputation of Finger: Pulpy disease of right Knee-joint: Excision of the Knee: Recovery.

E. S,, æt. 11. Admitted November 15th, 1881. For seven years she has had an open wound on right index finger, over the last phalangeal joint; the whole finger is much enlarged, with evident thickening of the bone. The palmar surface of the skin is healthy; the nail claw-like; the granulations are exuberant in parts; and the probe passes to roughened but not to bare bone. About eighteen months ago the right knee began to get painful and

swollen; there is no history of a fall or blow. The knee has become worse lately, so that she cannot get about. On admission, the outlines of the right knee joint were lost; the patella just discernible. There was enlargement of the condyles of the femur, with tenderness over the internal condyle. The joint is generally enlarged, soft, and pulpy; no distinct fluctuation, but on palpation fluid in the joint could be made out. There is increased heat in the joint. Right knee measures 10¾ inches; left knee, 9⅝. The knee was put on a back splint and strapped with a 5 per cent. preparation of *oleate of mercury;* a lotion of *nitric acid* ordered for the finger; and *silica* prescribed internally. The knee, however, still increased in size, and on Dec. 11th measured 11 inches in circumference; it was also more painful. *Mercurius iodatus* was now ordered. On Dec. 23rd the knee measured 11¼ inches.

On January 1st the leg and knee and lower third of thigh were carefully bandaged with a Martin's rubber bandage. In simple pulpy degeneration of the knee-joint, Macnamara has found constantly applied firm pressure induce an absorption of the trachomatous material and the joint finally recover. Such a fortunate termination is not likely to occur should there be much erosion of the cartilages, which from the extreme pain in the joint, especially where the cartilaginous surfaces were brought together, was thought most probable in this case. At any rate, it was worth while trying before proceeding to any operative interference. On January 8th the knee measured 10¾ inches, and was certainly less swollen. On Jan. 5th, under the anæsthetic mixture the finger was amputated, the wound being dressed with calendula dressing.

On January 22nd the knee measured 10½ inches and the finger had almost healed.

Feb. 8th. The patient had a patten fastened on to the left boot and got about on crutches. Movement, however, caused some pain. She kept about till February 15th, when the pain continuing to increase, and the joint becoming more painful she was put to bed again.

Feb. 19th. The knee joint is more swollen and painful, measures 11 inches in diameter; the child cries on the least movement; *unguent. belladonnæ* applied to the joint; the good at first gained by the pressure seems to be passing off.

Feb. 28th. *Silica* again ordered. The pain and swelling slowly increased, and though ice applied, temporarily reduced some of the effusion, the disease in the knee joint evidently progressed.

On March 30th, under *ether*, the knee joint was opened by a transverse incision at the lower border of the patella, which was removed. The cartilaginous extremities of the femur and tibia which, with the patella, were deeply eroded exposing in parts the cancellous tissues, were also removed. There was a pulp cavity running vertically upwards above the patella into which a drainage tube should have been inserted. this was however, omitted and caused a good deal of trouble subsequently. Esmarch's bandage was used and there was very little hæmorrhage; the vessels were torsed and tied; the edges of the wound were brought together with a quill suture and carbolic gauze dressings applied; the limb was placed in a long excision splint and kept in place with bee's-wax bandages. No special antiseptic precautions (Listerian) were taken during the operation. Ordered *tr. aconite.*

April 7th. The patient continues to make very satisfactory progress. The temperature is now nearly normal, on the evening of the fourth day it was as high as 103°, the wound looks fairly healthy. Ordered *arsen. iod.*

April 13th. The temperature rose suddenly to 105°, and it was found that the skin over the head of the tibia was red and œdematous. Order *aconite* and *belladona* alternately.

April 14th. Temperature 102°. A few bullæ have appeared on the outer side of the limb. The child slowly recovered from this attack, which resulted from some sanitary defects, which, when discovered, were remedied, but too late to prevent this. On April 16th she was ordered *arsenicum* and *hepar. sulph.* alternately. On April 20th *arsenicum* alone. On May 1st she resumed *mercurius iodatus.* May 4. The wound is quite healed except at its extremities. Temp. normal. On May 18th the splint was removed and narrow back splint applied. May 26th. Two inches shortening; patient can lift her leg off the bed. During July, when she ought to have been getting about, a large abscess formed over the seat of the pulp cavity, discovered at the operation, but which, up to the present, had given no trouble. This was freely opened, but the edges retracting left a large granulating wound which healed but slowly, but was at last much improved by being dressed

with cod liver oil. The child was up and about and able to get out of doors and was discharged October 12th, 1882, with the wound not quite healed and one or two small sinuses in the resection wound. Her general health was good and she was able to get about comfortably on crutches. Now (May, 1883,) she is able to get about without any help from a crutch or stick and has grown a fat healthy girl.

Case VI.

Tonic Spasm of right sterno-mastoid from infancy: Tenotomy of its Clavicular origin: Recovery.

Emily S., æt. 13, was admitted Oct. 14th, 1882. Her mother states that ever since she was a baby she has had wry neck, but she cannot give any cause for it, but as the child has grown up the disease has become more confirmed. There is never any relaxation of the spasm. All treatment hitherto tried has failed. The girl's head is inclined forward and downward, the chin pointing to the left side. The sterno-mastoid of the right side stands out hard and rigid, especially its clavicular portion. No amount of force will bring the head to its natural position. There is marked want of equal development of both sides of the face; besides evidence of arrest of growth in the upper and lower jaws of the affected side there is some distortion of the muscles of the face.

Oct. 26th. Without an anæsthetic the clavicular portion of the origin of the sterno-mastoid was divided subcutaneously, the section being made from before backwards, the division of the tendinous portion being accompanied by an audible click. On the second day extension was applied by means of a strong elastic band, passing from the left-hand side of a close fitting skull-cap with a chin-piece; across the back, and under the right arm, to be fastened on to a pair of stays.

Nov. 4th. As the head was not quite in a natural position, a second tenotomy was performed. A few stout but deep tendinous fibres having been left undivided at the first attempt, this time the section was made from behind forwards; the result being most gratifying. The patient was discharged November 18th, still wearing the extension apparatus, and able to hold her head erect. When last heard of the effect of the operation was permanent.

Case VII.

Choroido-iritis of long standing: Blind and painful eye: Excision of eye-ball: Formation of bone in the choroid.

F. G. T., æt. 39, was admitted November 23rd, 1882, with the following history. The left eye has been blind as long as he can remember, and he thinks the result of an "inflammation in it." It has never troubled him till about three years ago, when it became inflamed and tender. He has had two attacks since then, both this year, when the conjunctiva became injected, and the eyeball painful and tender on pressure. Each attack had yielded speedily to *spigelia*. But he has noticed lately that the sight of the right eye has been getting a little misty and dim; and he has occasional attacks of pain in the eye, and he cannot bear the sunlight as well as he could.

On Nov. 24th, under the anæsthetic mixture, the left eye was excised. There was opacity of the cornea over its lower third; the iris was discolored and adherent to an opaque lens. The eyeball itself was very hard. On opening it, it was found occupied by a bony cup, extending irregularly forward as far as the ora serrata, where it was a mere shell of bone. At its posterior part in places it was of considerable thickness. Lens shrunken, hard and brittle. Patient rapidly recovered and was discharged Nov. 30th.

Case VIII.

Ununited fracture of the Neck of the femur: Recovery of power of walking after prolonged rest.

The following case is interesting from the unusual nature of the accident in so young a patient, and from the success following its simple treatment.

Caroline W., æt. 26, single, was admitted to the hospital August 29th, 1882. On the 1st May, whilst getting out of an omnibus, she was thrown with considerable violence to the ground off the step upon her left hip. She was unable to walk afterwards and was carried home, and remained in bed two weeks. She was under medical treatment, but nothing seems to have been done for her beyond external applications and the fortnight's rest in bed. She then got up and went on to the sofa, but has never been able to walk or stand without assistance since the accident. She

came under notice early in August, complaining of her inability to walk or stand at all without assistance and of pain in the knee joint. When lying on her back the left foot is inverted, and the left trochanter prominent. She is quite unable to raise the limb from the bed. The trochanter moves with the shaft of the femur, and there is distinct crepitus in the joint. Measurement from anterior superior iliac spine to the internal malleolus shewed $1\frac{3}{8}$ inch shortening. The base of the ilio-femoral triangle on the right side measured $2\frac{3}{4}$ inches; on the left side $1\frac{1}{2}$ inch. The ilio-femoral triangle, as described by Bryant, is "made up of two lines drawn from the anterior superior spinous process of the ilium, one of them being vertical traversing the outside of the hip to the horizontal plane of the body; and the second impinging on the tip of the trochanter major." The "test line," the base of the triangle, joins the two at right angles to the vertical line, and extending from it to the trochanter.

Sept. 6th. After freely rubbing the surfaces of the fracture together by forcible movement of the limb in all directions, the patient was put up in a De Morgan's double interrupted splint (Bryant's modification) and placed in bed. The following day there was considerable pain in the hip joint, but this soon subsided. On Sept. 12th *tr. ruta* was ordered. Patient remained in the splint till Oct. 26th, when she had a felt hip splint made, and got up on crutches. After getting about for a few days she had synovitis of both knees, which compelled a longer rest in bed. She was ultimately discharged from the hospital Dec. 1st able to stand alone and to walk a short distance without crutches. Six months later she reported being able to go about the house without any assistance, and with the aid of a stick to walk long distances. The foot was still somewhat inverted, and there was half an inch shortening.

Case IX.

Chronic ostitis of tibia; persistent deep-seated pains: trephining of tibia: recovery.

H. P., æt. 16 years, was admitted 25th Oct., 1882, with the following history: two years ago he complained of pains in the centre of the left tibia, with a slight swelling. No history of any blow. The swelling has

gradually increased in size, and in spite of all treatment the pain, especially at night, has become worse, so that he cannot rest, and is becoming haggard and worn. Has been in another hospital, and at the Hastings Homœopathic Dispensary, where he was treated with *silica*, *calcarea*, *mezereum*, *kali hydriodicum* and *phytolacca* without avail. When admitted, the boy was very thin, and evidently in suffering. The middle third of the left tibia was enlarged, of ovoid form, hard and tender to the touch, especially a small spot about the centre. The swelling is perfectly smooth, and gradually subsides into the upper and lower end of the tibia. On November 4th, under the anæsthetic mixture, with strict antiseptic precautions, a crucial incision was made over the tender spot down to the periosteum, which was divided and a piece of bone removed by means of a small trephine. The bone was intensely sclerosed, and almost of the consistence of ivory. No pus was found, even though the tibia was subsequently drilled through the trephine hole in five different directions. Limb was put upon a back splint and dressed with gauze. Evening temp. 98.4.

Nov. 5th. Morning temp. 98.4. As there was some oozing of blood, leg was dressed under the spray. There was very little pain. The wound was dressed again on the 8th, 11th, 14th, and 20th November, and finally, on the 14th December. There was never any rise of temperature after the operation; the wound quite healed, and the patient was discharged December 27th, well and free from pain. He has reported himself several times since, and was, eight months after the operation, quite well and at work.

St. Leonards-on-Sea. C. KNOX SHAW.

REVIEWS.

The Law of Similars: Its Dosage and the Action of Attenuated Medicines. By C. WESSELHŒFT, M.D., Professor of Pathology and Therapeutics in the University of Boston. Boston and Providence: Otis Clapp & Son. 1883. Pp. 71.

THIS little book contains the substance of several lectures delivered at the close of last session. They are published as an explanation of the law of similars and of the necessity, within certain limits, of attenuated doses of medicine in the practical application of that law.

The subject is one that has been so frequently handled that it would seem almost impossible to present it in any fresh light. But Professor Wesselhœft has proved that this can be done. We have seldom seen homœopathy explained in a clearer or more forcible manner, or in one better calculated to attract the attention of a thoughtful practitioner of medicine than it is in the paper before us.

Passing over—and we do so most unwillingly—Dr. Wesselhœft's first lecture, in which he expounds the Materia Medica and the principle upon which drugs ought to be studied and applied, we come to the second, in which the dose is considered. The following extract will show the method adopted in setting forth this most difficult and perplexing question:—

"In a given case of sickness," he writes, "which we are called upon to cure, we begin by selecting a drug according to the rule of similars. We next bear in mind that this drug so selected bears a certain specific relation to the disease; we hope by means of the medicine to arouse reaction in the organism just enough to re-establish equilibrium, harmony, that is, health; for this purpose we should neither give *too much* nor *too little*. Now, we know by experience what would be a poisonous dose; we reject that. We further know by experience how much can be *tolerated* in health—we want much less than that, so we reduce it; we know furthermore, by experience, that the diseased body endures much less than the healthy, and so we give *only as much medicine as the diseased body will bear without feeling the least excess of action therefrom*. That is, just enough to *reinforce* vitality to the point of restoring the equilibrium. This will be felt as an amelioration by the patient; beyond that point disturbance would be created. At the right point it will act unperceived, except by beneficent results. If perchance the medicine be the wrong one, but its dose not too strong, its evil result (aggravation) is transient, and not irremediable by the ever active counteraction of the organism even in disease. In the large traditional dose there is danger of the irremediable. If we are unable to choose aright, it is only human; but one source of danger always can and must be avoided; it is to secure for our patient absolute safety against possible errors in human judgment. This desire and principle growing out of it, I consider as the foundation of our school, its everlasting defence and bulwark."

Dr. Wesselhœft's *résumé* of what are called "high potencies" is alike interesting and edifying, showing, as it does, how, through the "mystical conception of the infinitesimal dose," the "principle of cure embodied in the maxim *similia similibus curantur* sank for the time into background;" and how the progress of

homœopathy "was not enhanced, but visibly arrested by the preponderance of the dose question."

Dr. Wesselhœft then gives a brief account of his investigations of metallic triturations, to which we have frequently referred in previous numbers of our *Review*; the practical result being, that he has found it impossible to demonstrate the presence of a metal beyond the 6th centesimal trituration. His enquiries into the presence of matter in dilutions of soluble substances lead him to conclude that this presence is not probable after the fourteenth or seventeenth dilution has been reached. This may be so *at present*. But we must remember that similar enquiries, pursued fifty years ago, with the means of enquiring then available, would have made it clear that the presence of matter terminated at the first or second dilution. True, but it will be replied, that at that time it was believed to have been theoretically proved that matter was infinitely divisible—that there was no limit to the infinitesimality in which it might exist. History sometimes repeats itself. And what future investigators may demonstrate, we know not. Meanwhile, we do know, by such an enormous mass of experience as to be incontestable, that cases of formidable chronic disease have recovered when the only alteration in the diet or mode of life of the patient was taking the 30th dilution of such substances as *calcarea carbonica* or *silica*. Instances of this kind have, we repeat, so frequently occurred in the practice of so many skilled observers, during the last seventy or eighty years, that it is impossible to attribute the effect to any other cause than the infinitesimal dose of medicine administered; while if the medicine acted as a stimulus to the parts enfeebled by disease, in the direction of health, there must have been matter present in some form or other in the dilution prescribed, albeit our present means of research may prove inadequate to its demonstration.

We are quite at one with Professor Wesselhœft in considering that it is desirable, and, in all but a very few cases, quite possible to keep our dosage within limits where the physical science of the hour can demonstrate the presence of matter; nay, more, we believe that there is but rarely any advantage to be derived from going beyond them; but this is a very different thing from denying the presence of matter where we cannot *prove* its existence by any other than the clinical test, when this clinical test has so abundantly assured us of its existence.

This little book has interested us greatly. It is so simple, so calm, so logical, and so convincing, that we would that all medical men could have an opportunity of perusing it; it shows, moreover, in how excellent a manner homœopathy is taught in the University of Boston.

REPORTS.

NORWICH HOMŒOPATHIC DISPENSARY.

We have received from Dr. Roche the annual report of this Dispensary. There are one or two points which deserve special attention,

There is a marked increase in the number of visits paid to the patients at their own homes, the number being 1,290, as against 968 last year. Increased confidence amongst the poor is also noticeable, this being due in great measure to the satisfactory termination of some very severe cases which were treated by the hon. medical officers.

Last, but not least, is the fact that the balance from last year was £89 12s., and that the balance carried on to next year is £82 12s. 8d.

NOTABILIA.

THE MEDICAL SCHOOL OF THE LONDON HOMŒOPATHIC HOSPITAL.

On the 2nd ult. the work of the School for the ensuing session was opened by the delivery of *The Hahnemann Lecture*, by Dr. Blumberg, J.P., of Southport. The Right Hon. Lord Ebury was in the chair, supported by Major Vaughan-Morgan, several members of the Board of Management, the members of the Medical Staff of the Hospital and others. The Board-room was well filled on the occasion. Dr. Blumberg took for his subject a comparative view of *Hippocrates and Hahnemann*, the one the founder of ancient and the other of modern medicine. This address, which was one of considerable interest, we hope to publish in the next number of the *Review*. At its conclusion a vote of thanks, proposed by Dr. Galley Blackley, was warmly responded to by the audience,

On Thursday, the 4th ult., Dr, Burnett delivered the address introductory to his course of lectures on *Materia Medica*. He took *Duty* as his subject. He first of all dwelt on the great results which have proceeded from work done from a sense of duty; on the moral beauty of duty; of the feeling of satisfaction which follows its accomplishment. He then referred to the necessity which homœopaths have thus to contemplate the sense of

duty, showing that the persistent and malignant persecution dealt out to us requires a man of moral strength to bear up against its deteriorating influence, because the mere fact of being maligned tends to demoralise. That if we are persistently told that we do a wrong thing in maintaining an independent position as medical reformers, we by-and-by half believe it! "Nay," he went on to say, "some in our ranks have had it so long flung at them that they actually do believe it! You may hear veteran homœopaths practically pronounce against the work of their whole lives! The one cries out 'no sectarianism in medicine;' and another almost dies of dread lest he should be thought a medical heretic! And, altogether, how unctuously do so many pray to be preserved from heresy and schism in their professional lives."

Passing to consider the medical orthodoxy of the present age, and taking the views of the great mass of the profession as the criterion of medical orthodoxy, he showed that the average medical man is on such a dead level of mediocrity, and withal so prejudiced and so ignorant of scientific homœopathy, that his opinion of its merits is absolutely without value; so rendering it impossible to appeal to the medical profession in its present state on the subject of homœopathy. Hence, we must seek another tribunal. While it was true that none but a medical man can really judge of medical questions, any person of sound common sense can judge of results, and most sick persons know whether they get well or not. At present the profession has all the characteristics of a huge trades-union, and homœopaths commit the crime of being non-union men and thinking for themselves, and have to pay the price, and rightly so; rightly, because if a man dare not think for himself he had better not study homœopathy, and in so doing aspire to the proud position of the free and independent practitioner of scientific medicine, but remain a trades-union sectarian of the dominant sect. The only really catholic practitioner of medicine is the broad-minded, scientific homœopath. He is so, because he practises homœopathically; not, as calumniators assert, because he is a narrow sectarian desirous of holding a distinctive position, but because he has gone over the entire field of drug-therapeutics, and tried all systems and methods, and found homœopathy the best. "At the first blush," he went on to say, "it seems perfectly obvious that a medical man who adopts a peculiar view of practice must necessarily be a sectarian. We, as homœopaths, are bitterly reproached with this. Many of the best of the profession say to us, 'drop your name, and all will be well and the breach will be healed. We have no objection to you, but to your name.' Then why not drop the name? I will tell you. We cannot drop the name, because homœopathy is practically unknown to the bulk of

the profession, and exists as a separate thing. It is not we who keep the name alive, but the ignorance of the profession on the subject. When the profession advances up to the present standpoint of homœopathy, then the word medicine will include it, and having no separate existence it could not in the nature of things have a name to go by except as the heading of a classification in history. . . . When we say that we are homœopaths, we do not mean that there is in medicine nothing else than homœopathy; but we mean that, in the curation of disease by medicines, we have found the law of similars our best guide." This point had been arrived at after surveying the entire field of therapeutics, and not from any sectarian proclivity or desire for a distinctive name. It is not said that there are no other modes of using drugs, but that such modes are inferior to homœopathy; and we urge our orthodox friends to come on and participate with us in the advantages we enjoy. If they desire to be in the van of therapeutics they must join us. They cannot help it. The sense of satisfaction of duty done comes not to the crypto-homœopath, who is what school-boys call a sneak, and from the fact of being such is precluded from ever being great or noble. The profession being what it is, and medical men being the only judges of medical questions, how are the claims of homœopathy to be met? How is it to be known whether we or our opponents are right? The only way at present open to us is to show that homœopathy cures better than other systems of drug treatment. However objectionable the appeal *ad populum* may be—however true it is that medical men are the only true judges of medical questions—our only course *at present* is to convince the people, and so *compel* the profession to listen to us and give us fair play. Dr. Burnett here repelled in indignant terms the accusation that so to act was contrary to professional dignity, and in eloquent language and powerful terms spoke of the duty and obligation of those possessed of the knowledge of a great life-saving truth to make it known as best they could. The profession of medicine, as a liberal profession, was one inspiring feelings of love, respect, and veneration; but as a vulgar trades-union it was contemptible. In its present state, the medical profession needed enlightenment and some re-adjustment to adapt it to the spirit of the age. In not a single medical society in the country could homœopathy be mentioned without hissing and hooting. A premium was thus put upon ignorance—and this ignorance of the most vital and important part of medico-pharmaco-therapeutics. Such a tribunal was utterly unfit to have homœopathy submitted to it. Hence it was our plain duty to preach homœopathy from the house-tops. This, if done persistently and with pluck and deliberation, would soon set the profession to bestir itself; it would hasten it to pull down its

long closed shutters and let in the light in the spirit of freedom of the nineteenth century. We could never expect salvation for homœopathy from within the profession. No rotten guild ever yet asked to be reformed. Our foremost and firmest hope for homœopathy lies in the hold it has of the people! The good, practical common-sense of the people is slowly realising the fact that sick people get well more quickly and better under homœopathic treatment than under aught else! "The strongest bulwark of our reform is the homœopathic branch of the profession; few in numbers, it is true, but mighty in their sense of right, truth and duty." Referring next to the hospital and school, whence flows a love of therapeutic truth, for its own sake, that could not fail in leavening the whole medical profession, he added, that while maintaining that "our hope for the establishment of homœopathy lay in the grip it had of the people, still it could not be really flourishing till the profession adopt and diligently cultivate it, both for its own sake and for the sake of suffering humanity." The great object of the charity was to exhibit a living example of practical homœopathy, and to teach it to such as are sufficiently advanced in intelligence and culture to receive it. He then claimed the helpful sympathy of his homœopathic colleagues in his endeavour to set forth the *Materia Medica* from a homœopathic standpoint—a sympathy which he gratefully acknowledged having received in other departments of public work—he hoped to have it now in an especial manner in his endeavour to aid in teaching an important branch of homœopathy. He then described his intention of teaching as much of the *Materia Medica* as was possible, and said that the subject was all too vast to be overtaken in a course of lectures. Homœopathy did not consist, as some simple folk—principally medical men—seemed to suppose, in a little book and a few little medicines in a little box, such as many old ladies possess. Many medical men and medical students have been deterred from studying homœopathy by such a notion as this. Homœopathy was really so extensive that its study was lifelong. Laymen and laywomen might do a little with their cases and books, and we ought to be proud that they could do so, but they could never develope homœopathy or approach the extent to which it might be practised. In endeavouring to instruct medical students and young medical men in homœopathy we ought not to despise the doing of small things. In the law of similars we hold the trump card of therapeutics. The world must have homœopathy, because people get ill and must have medical treatment, and homœopathy is by far the best known. He did not ask his hearers to swear by any master or to take anything for granted. He would tell them of what others had found, what he had found, and then would say to them see what you yourselves can find. Homœopathy represented freedom of

thought in therapeutics. Not only was it our duty to teach and preach homœopathy because it is the best system of drug therapeutics, but because it is the most important part of medical education. He maintained that a man ignorant of homœopathy was too imperfectly educated to be allowed to practise. The study of medicine with homœopathy omitted was like the play of Hamlet with the part of Hamlet left out. By-and-by the people will insist on a study of homœopathy being added to the medical curriculum. No man's liberty of practising as he thought best should be infringed; but every one ought to be compelled to have an intelligent knowledge of homœopathy before deciding on the line he should adopt. He conceived it to be our duty to preach homœopathy, to teach it, and to insist that it shall constitute a part of the ordinary medical curriculum. Various motives, all of the most impure kind, were imputed to us as actuating our advocacy of homœopathy; "but," Dr. BURNETT concluded an admirable address by saying, "you will find, gentlemen, that *the* reason why we are homœopaths, *the* reason why we preach homœopathy, *the* reason why we practise it, *the* reason why we teach it, is just because it is 'OUR DUTY.'"

GELSEMIUM IN TETANUS.

DR. JOHN B. READ *(British Medical Journal)* reports the case of a strong, healthy mulatto woman, twenty years of age, who was suffering from tetanic convulsions, caused by a bit of broken glass upon which she had trodden, and which was embedded in her heel. All attempts to find the fragments proved ineffectual. Familiar with the power of *gelsemium* to relax the voluntary muscles, he ordered twenty minims of the fluid extract every two hours. On the morning of the second day there was a slight improvement in the rigidity of the jaw, and the general spasms occurred only at intervals of three or four hours; but as the day advanced the jaw became more rigid, and there were violent contractions in the front and back of chest.

The dose of *gelsemium* extract was then increased to forty minims every two hours. During the third day the improvement was marked, but the medicine was still continued in forty minim doses. After this period the improvement was rapid and regular, and the dose was reduced to twenty minims, at which it was continued till full convalescence. There were no disagreable symptoms of dimness of sight, double vision, or loss of strength accompanying its use, as sometimes is the case from much smaller doses; and as it exerts such a powerful control over spasms of the voluntary muscles, Dr. Read suggests its use in hydrophobia, especially when administered hypodermically.

OBITUARY.

ARCHIBALD HEWAN, M.D., EDINBURGH.

We regret to have to announce the death of an esteemed colleague, Dr. Hewan, of Chester Square, S.W. He had been long in failing health, in fact had been laid aside from work for many months, having passed last winter in the South of France. His illness was a long and tedious one, so that the termination was not unexpected. He suffered from hypertrophied heart with mitral incompetence, and latterly albuminuria.

Dr. Hewan was born in Jamaica in 1832; at the age of sixteen came to Glasgow, where he commenced the study of medicine. His student life was divided between Glasgow, Edinburgh and Paris. In 1854 he took the L.R.C.S., Edinburgh, and immediately went to the West Coast of Africa, Old Calabar River, as a medical missionary in connection with the United Presbyterian Church, where he laboured for some years, greatly esteemed and confided in by the missionaries, by the natives, and the European traders. Failing health, however, brought him back to England in 1866. Having taken the degree of M.D. of Edinburgh, he settled in London, where his high professional attainments and genial nature soon placed him in a first rate practice. He died on September 20th, and was buried in Brompton Cemetery. He was an "elder" in the Presbyterian Church, Belgrave Square, where he has always taken great interest in the teaching of the young people connected with the Church. His interest in mission work was always of the warmest and most sympathetic kind.

CORRESPONDENCE.

HOMŒOPATHY IN CAPE TOWN.

To the Editors of the "Monthly Homœopathic Review."

Sirs.—In the July number of the *British Journal of Homœopathy* appears a communication from Mr. James B. Wilson, of Cape Town, saying that a second homœopathic practitioner was much wanted, as the resident one is greatly overworked, and that he and his patients are placed under great disadvantage because the other medical men refuse intercourse and consultation.

I have not the pleasure of knowing Mr. Wilson, but can only say that his alleged facts are hardly correct.

I have my hands always full, yet am not overwhelmed with work; and this has been the case with the medical profession generally. For a long time past they have not been burdened

with patients or fees. The colony has been suffering great commercial depression from many causes acting all at once; besides, it is not all who can afford the luxury of sickness.

I would have no objection to seeing a colleague here, and did such an one offer, he would receive at my hands welcome and help; but he should be single, and able to live on a small income for a while, because living is dear, and ignorance of Dutch would be a drawback.

There is, however, a good opening at Port Elizabeth, but, in both cases I would counsel delay until the arrival of better times.

Should anyone apply to me I would be glad to give him confidential information.

My relation to my medical brethren is more fortunate than exists in most places. I have all along avoided saying any hard word about them, and whenever opportunity offered did them good offices. As a reward, I am on good medical and social terms with many of them, and can get help when I want it. This very week I have called in one medical man, and have been called in by another.

But, you may say, how does it work? I reply, the object of a second opinion is that the judgment of the regular attendant may be corrected or confirmed, and the patient, thereby, derive the benefit of the consultation.

In the case referred to, we discussed the diagnosis and the hygienic treatment; then came the matter of medication. I said, that were the case mine, I would give *plumbum*, but that as he would be unlikely to trust to a kind of practice with which he was unacquainted, I thought he could not do better than follow his own suggestion, viz.: to put his patient on full doses of *opium*.

A Medical Association has just been formed in Cape Town. All qualified medical men are eligible for membership, and no exception has been taken in my case.

I remain, &c.,

CHARLES W. KITCHING,
M.B. London University, &c., &c.

Cape Town,
26th August, 1883.

THE BRITISH HOMŒOPATHIC CONGRESS.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—As I was unable to attend the Congress this year, and as my books did not arrive in time for the Hon. Sec. to present my accounts to the Committee (though posted by

Parcel Post at 8 p.m. on the day preceding the meeting), I gladly avail myself of a suggestion made by Dr. Hawkes, and kindly consented to by you, that the accounts should be published in the *Review* with the other transactions of the Congress.

The usual custom is for the accounts to be presented at a committee meeting during Congress, and for the President to audit and sign those of the previous year; but this was accidentally omitted last year at Edinburgh, so that there are the years 1880 and 1882, besides this year's accounts, which have not yet been presented to the Committee.

Last year, owing to the number attending the Congress being considerably less than was expected, the subscription was raised to 14s., and this year, owing, I fear, in part to my absence, it was kept at the same figure, though, as the accounts will show, this is not at all necessary, and we shall next year be quite able to fall back again to the original subscription of 10s. 6d., or even less; and if the members attending the Congress keep up to, or exceed, 30, which is surely a very low average, it ought not to be necessary ever to exceed this sum.

I am, yours faithfully,

EDWARD M. MADDEN, *Treasurer.*

Birmingham, September 25th, 1883.

ACCOUNTS OF THE CONGRESS HELD AT LEEDS, ON 9TH SEPTEMBER, 1880.

DR.	£	s.	d.
By cash in hands of Treasurer	2	18	5
,, Thirty-six Subscriptions at 10s. 6d.	18	18	0
,, Two Dinner Tickets at 7s.	0	14	0
	22	10	5
	22	0	0
Leaving Balance in hands of Treasurer	0	10	5

CR.	£	s.	d.
Use of Rooms for Meeting	8	3	0
Dinners for thirty-eight, at 7s.	13	6	0
Attendance	1	0	0
Secretary's Expenses	4	11	0
	22	0	0

ACCOUNTS OF THE CONGRESS HELD AT EDINBURGH, 7TH SEPTEMBER, 1882.

Dr.	£	s.	d.
By Cash in hand	0	10	5
,, Twenty-six Subscriptions at 14s. each	18	4	0
,, Seven Dinner Tickets at 7s. 6d.	2	12	6
	21	6	11
	17	17	6
Leaving Balance in hands of Treasurer	3	9	5

Cr.	£	s.	d.
Hire of Rooms for Meeting	1	1	0
Thirty-three Dinners at 7s. 6d.	12	7	6
Attendance	1	0	0
Straker Bros. (Printing, &c.)	1	16	7
Secretary's Expenses	1	2	0
Balance of 1880, paid to Dr. Black, Secretary of International Congress	0	10	5
	17	17	6

ACCOUNTS OF THE CONGRESS HELD AT MATLOCK BATH, 18TH SEPTEMBER, 1883.

Dr.	£	s.	d.
By Cash in hand	3	9	5
,, Twenty-seven Subscriptions at 14s.	18	18	0
,, One Dinner Ticket	0	7	6
	22	14	11
	17	18	3
Leaving Balance in hands of Treasurer	4	16	3

Cr.	£	s.	d.
By Twenty-eight Luncheons	2	2	6
,, Thirty-two Dinners	12	5	6
Straker Bros. (Printing)	2	7	3
Secretary's Expenses	1	3	0
	17	18	3

(Signed)
EDWARD W. MADDEN, *Treasurer.*

September 24th, 1883.

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN.—I regret much to find that the unfortunate mistake, of which you are aware, has prevented the corrected report of my reply to the discussion at the Congress arriving in time for your issue this month.

As the discussion was directed chiefly to that part of the paper treating of pneumonia I regret this the more, because there is not a little confusion and omission in that part of the report which, though corrected and sent as it ought to have been, was too late to appear.

Very truly yours,

WM. BRYCE.

Edinburgh, October 20th, 1883.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

WE understand that Mr. CYRUS A. CLIFTON, Son of our esteemed colleague at Northampton, has commenced practice at Leyton and Walthamstow. His address is: Care of Mr. Goodchild, Leyton Green.

WE are requested to state that, in connection with St. Saviour's Hospital, Osnaburgh Street, Electric and Turkish Baths have been established for private patients. We have not yet seen them, but hear from those who have that they are first-class baths.

Communications, &c., have been received from DR. MADDEN (Birmingham); Dr. ROCHE (Norwich); Dr. J. C. MORGAN (Philadelphia, U.S.); Dr. BRYCE (Edinburgh); Mr. ENGALL (London); The SECRETARY of St. Saviour's Hospital. Mr. FOSTER'S (Scarborough) letter will appear next month.

BOOKS RECEIVED.

Monthly Magazine of Pharmacy.
New York Medical Times.
Therapeutic Gazette. Detroit.
Medical Counsellor.
Calcutta Journal of Medicine.
Boletin Clinico. Madrid.
Homöopatische Zeitung. Leipzig.
Homöopatische Rundschau. Leipzig.
Melbourne Argus. Aug. 1.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.

THE MONTHLY

HOMŒOPATHIC REVIEW.

"IN CORPORE VILI."

UNDER this, somewhat sensational, heading, a correspondence has lately appeared in *The Standard* newspaper, provoked by a paper by Drs. RINGER and MURRELL, which appeared in *The Lancet* of the 3rd ult. This paper was entitled "*Nitrite of Sodium as a Toxic Agent.*" The cases in which this toxic action displayed itself are described as follows:—

"To eighteen adults—fourteen men and four women—we, ordered ten grains of the pure *nitrite of sodium* in an ounce of water, and of these seventeen declared that they were unable to take it. They came back protesting loudly, and required no questioning as to the symptoms produced. They seemed to be pretty unanimous on one point—that it was about the worst medicine they had ever taken. They said if they took another dose they would expect to drop down dead, and it would serve them right. One man, a burly, strong fellow, suffering from a little rheumatism only, said that after taking the first dose he 'felt giddy,' as if he would 'go off insensible.' His lips, face, and hands, turned blue, and he had to lie down for an hour and a half before he dared move. His heart fluttered, and he suffered from throbbing pains in the head. He was urged to try another dose, but declined on the ground that he had a wife and

family. Another patient had to sit down for an hour after the dose, and said it 'took all his strength away.' He, too, seemed to think that the medicine did not agree with him. Again, another patient said that in about half an hour after taking the first dose his heart came on beating very fast, and he throbbed all over. He felt very sick, but did not actually vomit. The women appear to have suffered more than the men, at all events they expressed their opinions more forcibly. One woman said that ten minutes after taking the first dose—she did not try a second—she felt a trembling sensation all over her, and suddenly fell on the floor. Whilst lying there she perspired profusely, her face and head seemed swollen and throbbed violently, until she thought they would burst. She felt sick, but did not actually vomit. This lasted about three hours. Another woman said she thought she would have died after taking a dose; it threw her into a violent perspiration, and in less than five minutes her lips turned quite black and throbbed for hours; it upset her so much that she was afraid she would never get over it. The only one of the fourteen patients who made no complaint after taking ten grains was powerfully affected by fifteen. He suffered from violent nausea, and his head, he said, felt as if it would split in two. The effect on these patients was so unpleasant that it was deemed unadvisable to increase the dose.

"Sixteen patients, twelve men and four women, were ordered the *nitrite* in five-grain doses, and of these all the women and six of the men were unable to take it. The symptoms complained of were those experienced with the larger dose—faintness, nervousness, and a pain in the head. Nausea with eructation was of frequent occurrence, and in one or two cases there was actual vomiting. A young woman of twenty-four said she felt the effects of the medicine in about ten minutes, and had to lie down. She felt sick and then vomited, the vomiting lasting off and on for two hours. She had to keep her bed the whole day, and was so weak and ill that she thought she was dying. Another woman said the medicine upset her so much that she went off in hysterics, and could not hold a limb still. She lost

all the colour from her face, becoming deadly pale. She had a terrible headache, which was worse when she moved, especially on going upstairs. These results were so unsatisfactory that we determined to try what a still smaller dose would do. To thirteen patients—all men this time—we ordered the drug in three-grain doses and in only four cases was any complaint made. These patients, however, suffered from the usual symptoms. One said 'the medicine kept rising so that he could not keep it down,' another complained that it 'turned his lips blue, gave him a headache, and made him feel giddy,' whilst the other two suffered chiefly from pain across the forehead."

The occasion of the public outcry against such *dénouements* very naturally was, that, for anything that appears to the contrary in the report of Drs. RINGER and MURRELL, these physicians were using their opportunities of prescribing for sick people at a public institution for the purpose, not of curing them of disease, but of ascertaining for themselves the *modus operandi* of a new medicine; that these poor people received *nitrite of sodium*, not in order that their aches and pains might be relieved, but that the science of medicine might be enriched at their expense. From a letter in *The Lancet*, of the 17th ult., written by Dr. MURRELL, and endorsed by Dr. RINGER, it now appears that these persons were receiving *nitrite of sodium* to relieve "angina pectoris and allied diseases!" The "burly strong fellow, suffering from a little rheumatism only," who "said that, after taking the first dose, he 'felt giddy' as if he would 'go off insensible,'" and so on, exhibited, it seems from this communication, at the time he got the *nitrite of sodium*, symptoms closely resembling those of angina pectoris. The "little rheumatism" diagnosis was made subsequently; that of angina pectoris was, on the other hand, the result of the hasty observation common in out-patient rooms, and this, likely enough, was further im-

paired by a desire to see cases of angina pectoris and to "test *nitrite of sodium!*"

Why, it may be legitimately asked, did Dr. MURRELL give *nitrite of sodium* in angina pectoris? The answer is not only simple, but shows strikingly how unsatisfactory is the basis upon which medicines are chosen by non-homœopathic physicians, it is this:—

"Because it was stated that *nitrite of sodium* was allied to *nitrite of amyl* and to *nitro-glycerine*, but more persistent in its action. Having," he continues, "had considerable experience of this last-named remedy, and having for some years past used it with marked success in the treatment of many diseases, including angina pectoris, pseudo angina, asthma, neuralgia, megrim, rheumatism, and the various forms of Bright's disease, I ob tained some *nitrite of sodium*, and, happening at that time to have under my care several patients suffering from angina pectoris and allied diseases, I hastened to give them the benefit of the discovery, and in the course of the week prescribed it in those various diseases and conditions in which I had found nitro-glycerine useful."

The untoward effects which followed are ascribed to the purity of the preparation; previous observers having, in some instances at least, used one that was impure to the extent of 66 per cent. This reminds us of an observation made many years ago at the Royal Medico-Chirurgical Society, by, we think, Dr. HANDFIELD JONES, who, in a discussion on the adulteration of drugs, said that were it not for this adulteration, the use of drugs would be attended with much more fatal results than it was!

Some experiments on cats made to determine the dose, the details of which, though preceding the passage we have quoted from Dr. MURRELL'S paper, were in reality made subsequently to the discovery of the powerful action of the drug.

What, then, is the history of *nitrite of sodium* as a therapeutic agent?

It appears to have been first used in epilepsy by Dr. LAW, of St. Leonards, who, in the *Practitioner* for June, 1882, advocates its employment in this disease on theoretical grounds; the basis of which appears to be, that cerebral anæmia was supposed by him to be one of the factors of epilepsy, and that *nitrite of sodium* had some analogy to *amyl nitrite*—a drug which reduces arterial tension in a very marked manner. Upon this *nitrite of sodium* was freely tried in epilepsy. A paper on the subject was read before the Royal Medico-Chirurgical Society in the following November, when Dr. RALFE, of the London Hospital, Dr. GOWERS, Dr. RAMSKILL, and others contributed reports of cases of epilepsy in which *nitrite of sodium* had been prescribed. Dr. RALFE saw decided improvement in nine out of seventeen cases; Dr. GOWERS in one out of twelve; none of Dr. RAMSKILL'S patients were benefited. Subsequently to these experiments—we can regard them as nothing else—Dr. MATTHEW HAY, of Aberdeen, made a short proving on himself and some friends, the net result of which is recorded in the following passage quoted from his paper on this drug in the *Practitioner* for March, 1883. "On three separate occasions," he says—

"I took five, ten, and twenty grains of the salt. I then observed that the rate of my pulse became accelerated shortly after taking each dose, and more distinctly after the largest dose. But what was more remarkable, I experienced, within a few minutes after taking the two larger doses, a feeling of fulness in my head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful flushing of the countenance. The sense of fulness and throbbing continued for an hour or more after the administration of the salt, without at any time being so intense as to be unbearable, or even severe enough to

prevent me from proceeding with my usual duties; indeed, it was comparatively trifling, and caused me no inconvenience. The smallest dose of the salt produced a similar effect, but of a very short duration, and very slight degree, so slight as almost to have escaped observation. These experiments were repeated on myself and a few of my friends, and always with the same result."

It must be remembered here, in connection with Dr. MURRELL'S cases, that Dr. HAY was unwittingly using an *impure* salt, one containing 66 per cent. of *nitrate of sodium* and only 33 per cent. of the *nitrite*.

The next we hear of this new drug is in the new edition of Dr. RINGER'S *Handbook of Therapeutics*, where the dose is stated to be 20 grains, an assertion described by a reviewer in the *British Medical Journal* (Nov. 10,) to be a "terrible mistake."

After this we have the experience of Dr. MURRELL, given in the *Lancet* of the 3rd ult., to which we will recur, in order to point out the method employed to ascertain the *safe* dose. For this purpose two cats were selected, one black and the other brown, each weighing about six pounds. Each cat received a hypodermic injection of about six grains, and died, the black in twenty minutes, the brown in about half an hour. At the same time a white cat, weighing four pounds and a half, had a hypodermic injection of 4½ grains of the *nitrate of sodium* without any deleterious effect, "the *nitrate* cat" we are told "was purring round the room while its *nitrite* companion was having its *post mortem* made."

Dr. MURRELL omits to state what conclusions we are to draw as to the dose that may be taken with safety by a human adult weighing, we will suppose, a hundred and twenty pounds. But we quite agree with him in his conclusion that "most patients would prefer taking it in small doses." Dr. HAY, we may observe, gave the pure salt in *two grain* doses.

This brief history of the method of studying a new drug exhibits fairly enough the plan at present pursued by physicians who do not recognise the law of similars as a principle of drug selection.

In the first place we have the purely speculative basis of Dr. LAW. In epilepsy there is cerebral anæmia—at least he thinks so. *Nitrite of sodium* is like *nitrite of amyl* in its action, and the latter determines blood to the brain, *ergo*, give *nitrite of sodium!* What is the result? Has one case of epilepsy been cured? Not one. Only in the practice of one physician, who was induced by Dr. LAW to make use of his extensive opportunities for testing it, has any benefit at all been seen.

That it may palliate a paroxysm of angina pectoris is probable enough. It does so, however, by inducing its physiological action, by relieving for the moment the heart tension which may be presumed to exist. But it does not cure the condition which gives rise to this tension.

Then we have the experiments of Dr. HAY upon himself and his friends. It is by such experiments, and such alone, that we can ever gain a knowledge of the action of the drug. And yet how limited is their value, when they are not clinically used under the directions of the law of similars! The only hint the ordinary allopath gets from them is, that they will *relieve* the paroxysm of angina pectoris—not cure the condition that produces it. This, undoubtedly, is a gain, a great gain. For angina pectoris is not only an extremely painful but a rapidly fatal form of disease. But so far as revealing the curative sphere of the drug such experiments, without the law of similars, are useless. Hence, in prescribing *nitrite of sodium* to cure angina pectoris as a *condition*, Dr. MURRELL was led astray; while to relieve the *paroxysms*, which occur at intervals in its course, he would have been right. None of these

patients, however, had the paroxysms at the time they were being prescribed for. Dr. HAY'S experiments point to *nitrite of sodium* as a likely remedy in some forms of congestive headache, or of apoplexy with cardiac hypertrophy —conditions in which *glonoine* (*nitro-glycerine*) has often proved its value. Here it is likely to be curative, and not merely palliative; and here, moreover, it must be used in small doses. As an antipathic palliative a medicine, to be effectual, needs to be given in a dose somewhat below such an one as would be fatal, or at any rate dangerous. When prescribed homœopathically, in accordance with the law of similars that is, the largest required is one just below that which is sufficient in health to give rise to any symptoms of disordered health at all.

So far, then, we learn, that to prescribe a drug on a purely pathological hypothesis is productive of no real benefit to the sick. And, *secondly*, it appears that the advantages of the physiological study of the action of drugs, when the law of similars is left out of consideration in clinically applying the results of such study, are limited to placing an occasional palliative at our disposal. Without this law of drug selection they do not help genuine cure-work; while with it they are of priceless value.

Anything, then, which tends to bring this method of studying the action of drugs into discredit, even though it be something which has no real foundation in fact, is to be regretted. There is nothing in this method, when properly pursued, which is unsafe, nothing which is dangerous to life. It is by such experiments that an extensive knowledge of *Materia Medica has been already* acquired. It is only by such, that knowledge of this kind can be added to.

It is to HAHNEMANN that we are indebted for a large proportion of these experiments; and it is noteworthy, that it was the idea of the principle of *similars* as the basis of drug

selection that led to his undertaking them. Two or three physicians before his time had instituted similar experiments, but their efforts had proved sterile, because there was no known basis by acting on which they could be utilised. If HAHNEMANN had not first realised the widespread importance of the law of similars, he never would have made the vast number of experiments that he did—experiments which have constituted him the father of the physiological study of drugs.

It is evident from Dr. HAY'S manner of recording his experiments, that he is not sensible of the difference of action of the same drug on different persons, or rather, we should say, of the importance of minute differences of action. And from his point of view, aiming only at discovering a new palliative, there is no reason why he should attach any importance to such differences. For curative purposes, however, we require to be made acquainted with the veriest *minutiæ*.

We have frequently in this *Review* referred to HAHNEMANN'S method of making these experiments, and we do so again to show, not only the safety with which they may be made, but the thoroughness with which they must be made to produce the *maximum* of advantage they are capable of affording.

"It must be borne in mind," says HAHNEMANN, "that the strong heroic substances, as they are termed, are liable to produce changes in the health even of robust persons, and even in small doses. Those of milder power must be given in these experiments in more considerable quantities in order to observe the action of the very weakest however, the subjects of experiments should be persons free from disease, and who are delicate, irritable and sensitive." (*Organon* § cxxi.) "In these experiments no other medicines should be employed but such as are pure and genuine." (§ cxxii.) "They must be taken in a simple unadulterated form."

(§ cxxiii.) "They must be employed quite alone." (§ cxxiv.) "During all the time the experiment lasts the diet must be strictly regulated." (§ cxxv.) "The person who is proving the medicine must, during the whole time of the experiment, avoid all excessive exertion of mind and body, all sorts of dissipation and disturbing passions; he should have no urgent business to prevent him making his observations with due attention; he must do his best to direct most particular attention towards himself, and not be disturbed whilst doing so; his body must, for him, be in a good state of health, and he must possess a sufficient amount of intelligence to be able to express and describe his sensations in accurate terms." (§ cxxvi.) "The medicine must be tested on both males and females." (§ cxxvii.) The next few paragraphs enter into very minute detail respecting the frequency with which medicines should be taken, and the necessity for obtaining, as provers, as many persons as possible and persons varying in constitutions. Then, again, referring to the precautions required, HAHNEMANN writes, "The more moderate, within certain limits, the dose of the medicine used for such experiments —provided we endeavour to facilitate the observation by the selection of a person who is a lover of truth, temperate in all respects, of delicate feelings, and who can direct the most minute attention to his sensations, so much more distinctly are the primary actions developed, and these, which are most worth knowing, occur alone, without any admixture of secondary actions or reactions of vital force. When excessively large doses are used, on the other hand, there occur not only a number of secondary actions among the symptoms, but the primary actions also come on in such hurried confusion, and with such impetuosity, that nothing can be accurately observed; let alone the danger attending them, which no one, who has any regard for his fellow creatures, and who looks on the meanest of mankind as a brother, will deem an indifferent matter." (§ cxxxvii.) Paragraph cxxix. enforces the necessity of the greatest care being exercised by the physician superintending such a series of experiments when examining the reports of the experimenters. In paragraph cxli.,

he says, the "best provings of the pure effects of simple medicines in altering the human health and of the artificial diseases and symptoms they are capable of developing in the healthy individual, are those which the healthy, unprejudiced and sensitive *physician institutes on himself* with all the caution and care here enjoined."

The great importance and indeed advantage of physicians experimenting thus upon themselves is further dilated on here in a lengthy foot-note.

Finally, Dr. CONSTANTINE HERING, of Philadelphia, has left on record an illustration of HAHNEMANN'S method of dealing with those who assisted him in his experiments, of whom Dr. HERING was one.

"After," he says, "he had lectured to his fellow-workers on the rules of proving, he handed them the bottles with the tincture, and when they afterwards brought him their day-books"—that is to say, the record of the symptoms of disordered health that day by day were observed and attributed to the medicine they were taking—"when they afterwards brought him their day-books, he examined every prover carefully about every particular symptom, continually calling attention to the necessary accuracy in expressing the kind of feeling, the point or locality of the observation, and the mentioning of everything that influenced their feelings, the time of day, &c. When handing him their papers after they had been cross-examined, they had to affirm that it was the truth and nothing but the truth, to the best of their knowledge, by offering their hands to him—the customary pledge of the German Universities instead of an oath. This," adds Hering, "was the way in which our master built up his Materia Medica."

Such, then, is the true method of investigating the action of drugs upon the human body. The dose required is not one which is overwhelming—but small, gradually increasing in size, until definite effects are produced.

Experiments of this kind cannot with any satisfactory result be made upon sick persons, but only upon such as are healthy, and both able and willing to endure a certain amount of discomfort in the interests of science and humanity. They should therefore not be imposed upon patients, but undertaken by medical students and medical men, by persons skilled in the observation of disease.

Neither can experiments upon dogs and cats be substituted for them. Such experiments have a value certainly, but it is a very subordinate one. They show the *ultimate* results of medicinal action, by explaining which are the organs and tissues influenced by a drug, and the manner in which this influence is exerted, they facilitate the study of the observations made upon human beings. But they do not enable us to trace the action of a drug, or to follow its course; neither do they give us any insight into those phenomena which are most useful at the bedside.

In conclusion, we observe that in an article in the *British Medical Journal* of the 17th ult. sympathising with Dr. MURRELL on the "hostile criticism" to which he has been subjected in "the lay journals," the writer states that his name is "indissolubly connected" with "remedial uses of nitro-glycerine." This may be the case. Only if it is, it is so only as that of an original observer. It was first made known as a therapeutic agent, in 1849, and its curative properties were then pointed out by the late Dr. CONSTANTINE HERING, of Philadelphia, ; while a series of experiments, confirmatory of those of Dr. HERING were made two or three years later by Dr. DUDGEON. Since that day, it has been in constant use by medical men, who acknowledge the value of the law of similars in inferring the curative sphere of a medicine. Dr. MURRELL'S observations have only been made within the last seven or eight years.

STOMACH PAINS, ESPECIALLY CALLED CRAMP IN THE STOMACH, GASTRODYNIA, ALSO CARDIALGIA.

What they mean, and their treatment according to homœopathic principles.

By Dr. Med. Bernhard Hirschel, Practising Physician at Dresden.

Sanitätsrath und Ritter des K. span. Ordens Isabella der kathol. mehrer gel. Ges des in- u. Auslandes wirkl. u. correspond Mitglied.

Prize Essay.

Translated by Thomas Hayle, M.D., M.R.C.S., Edin.

First Section.

To these exuberant materials of internal aid there are also external means, for instance :—

1. Drawing blood by all degrees of torture, such as venesection, leeches, cupping-glasses, bloody and dry.

2. Clysters of the most different ingredients, *asafœtida, chamomilla, valerian,* &c. According to Deubuscher, in every case a clyster gives instant relief!

3. Poultices, warm, dry warmth with bran, warm napkins, aromatic herbs, with wine or without, generally of mint, caraways, cloves, nutmeg, chamomile, elder, juniper, thyme, &c., or cataplasms of decoctions of groats, linseed-meal, of pearl-barley, of wheat-flour, milk and saffron—of garden-sage, chamomile and mint, &c., or applications wrung out of cold or wet, ice-compresses.

4. Rubbings as with camphor liniment, *ung. nervinum, bell. ol. anisi, ol. nuc. mosch. op., ol. cajeput, carui, menthæ piper, ol. hyosc., chloroform, veratrin.*

5. Plasters of the most various kinds, chiefly of *resins, empl. diachylon, e. bals. peruvian et hyosc. empl. antihystericum Whyttii, empl. de galb. croc., e. bell,* pitch-plaster.

6. Endermic applications, especially of *opium,* in form of *morph. acet.*

7. Derivatives by rubbing, with the hand, with flannel, mustard plaster, oil of mustard, vesicatories, *tart. stibiat.* Ointments for the formation of pustules, even *moxa* and the torments of *fontanelles.*

8. Washing with *naphtha, chloroform. spir. of betony, anthos, camphorat., saponatus,* with vinegar, cold water.

9. Baths—total, half, tepid, warm foot-baths, simple or stimulating with mustard, *nitric,* or *hydrochloric acids.* Salt baths, sea baths, fresh water baths, cold water cure.

10. Magnetism, animal or mineral.

11. Inhalation of tobacco-smoke (at least J. Frank* records an instance of such a cure) and *chloroform*.

12. Methodical gymnastic pressures by the hand under the cartilages of the rib (according to H. E. Richter, an acquisition of modern times).

In order to throw some light upon this chaos, we must ascertain the relations of the medicine to the morbid process, even if it is often only external. We find then:—

1. That the most different forms of gastrodynia, the nervous, congestive and anæmic, organic are confounded, and each one is left to choose in each case according to the tact of the individual. Where the diagnosis is uncertain, each man welds together several medicines out of the different classes. Nature, nice, will then select the right one. Thus for the neuroses we have the *mulcentia, nervina, ætheria, specifica*; for the hyperæmic forms *cathartics*, acids, blood-letting; for the anæmic—*iron*, bitters, and astringents; for the organic forms, the acrids.

2. That a great part of this apparatus is only directed against symptoms or groups of symptoms, thus is symptomatic in the proper and worst sense. Thus, *e.g.*, against pains, narcotics, demulcents, and many external remedies; against catarrh of the stomach, emetics, cathartics; against acids, heart-burn, &c., absorbents and alkalies; against flatulence, carminatives; against the accompanying weakness and emaciation, the bitter tonics; against costiveness, cathartics, clysters; against determination of blood, the acrids, abstraction of blood, &c.

In connection with this stands—

3. That every thing in the generality of cases comes down to palliation, to ameliorate the attack, to shorten it, &c. People go on from day to day with their composing, stupefying, nerve-exciting, and derivative medicines to which the no small martyr-apparatus of external applications—poultices, frictions, baths, rubefacients and vesicatories, &c., contribute their own. The greatest part of the apothecary's shop is destined to this object. As to the relation to *cardialgia* itself, and the consequences of the medicines, it is evident that many of these medicines exert only a passing, or an indirect, or an injurious influence upon the morbid process. Among the passing influences

* J. Frank, ci. a. O. S. 425.

we must reckon the demulcents, narcotics, the ætherial oils; among the indirect, the derivatives through laxatives, external irritants: in fact, several narcotics, as *opium*, *hyoscyamus*, which can only act through their influence on the cerebro-spinal system; bitters and astringents, which act upon the vessels. Injurious are exactly those without reference to the numerous mistakes through failure in diagnosis and indication such as emetics, laxatives, especially drastics, the abstraction of blood, the abuse of absorbents, which reduce the digestion to a still lower point; acids which are apt to produce dyspepsia and weakness; narcotics, which depress the energy of the nervous system; the ætherial oils, with their irritation of the nervous system and artificial excitement, upon which prostration is so apt to follow; the bitters, which are ill borne and produce congestions. Also baths will not be always or in every case borne; derivatives of a material kind, as fontanelles, moxas, and vesicatories induce injurious action of the nerves and loss of juices.

5. Finally, very many of these medicines are inefficient, because they do not hit either the part affected, nor the kind of disease directly or indirectly. To this class belong properly in many cases the derivatives, because irritation of the skin has no action in an affection of the peripheric nerves of the stomach; the frictions from which I never saw any use; the plasters, which at best are of use as promoting warmth in rheumatism or temporarily ameliorate; the greater number of demulcents, which act only as hot water, when they have been administered in the form of infusion, or as matters for filling up the stomach; the acrids, the ætherial oils, and all the other classes which only appear upon paper as useful, have sprung from the imaginative brains of some book-makers, and owe their origin to the invention of helpless practitioners. The whole apparatus of medicines directly useful in gastrodynia may be summed up in some metals—bismuth, zinc, silver, iron, and some narcotics—*bellad.*, *nux vom.* But even these have only been stumbled on empirically, and remain without any indication for the choice, so that only the name of the disease determines their employment, not the individual case in hand, and that no security can be given for results.

If we put together the results of this allopathic practice, we find little help, easy mischief, and many medicines among these

very few radical medicines, and chiefly palliatives, very little specific-idiopathic, and much symptomatic, no rationality, mere empiricisms, no indication.

Let us compare with this the practice of homœopathy! We must anticipate the special part of our examination in which we adduce the proofs whilst we draw out the results:

1. The whole curative apparatus of the homœopaths, so far as they have been discovered to the present time, comprises in its extremest limits for gastrodynia some thirty medicines, out of which, for the most frequently occurring cases a still narrower selection is possible, if this small number of medicines is compared according to the certainty of the results, then they stand—

2. Collectively, in a direct relation to gastrodynia, do not act in a roundabout way, by derivation, by producing torpor, or such like, but curatively through the law of similarity to the specific energy of the gastric nerves, and their abnormal mode of action;

3. The physiological proving of the medicines on the healthy body has made their relation apparent, and upon this lead to proving them at the sick-bed. Clinical experiment has attested this activity, and has united the empiricism of the result to the rationality of the application.

4. So that as only such remedies can come into employment which correspond with the disease in its totality, and can heal it, palliation falls away. What does not cure cannot also palliate, relieve. What relieves must also cure. A treatment of an attack of a neurosis, as laid out by allopathy as a problem of therapeutics, separate from medical treatment, does not occur in homœopathy. In organic gastrodynia, to be sure, where the removal of the causal evil is not to be thought of, the reaction on the nervous system through a particular medicine can often bring relief, but then this must stand in a specific relation to the particular morbid process. Opiates and the like do not any more enter into the province of healing. They come in where this latter ceases.

5. As a standpoint for the choice of the curative agent, the totality of the symptoms—subjective as well as objective—is valid before all to the homœopath. In this sense his cure is symptomatic. But not in that according to which he lays a stress on a particular symptom, as

acidity, heartburn, costiveness, in allopathic fashion. So partially our remedies do not act, because they answer only to the totality. It is somewhat different when two combinations meet together, a neuralgia and a catarrh of the stomach, *e.g.* blend, and first the one and then the other must be removed; or when two affections, taking their origin in different spheres—an affection of the spleen and spasm of the stomach—stand side by side without being dependent one on the other. The consideration of the totality of the symptoms guards against the gross mistakes in diagnosis to which the allopathic school is exposed. Since this school proceeds on ontological ideas, presupposes the name of the disease, and consequently chooses its medicines out of widely removed categories, error is thus rendered possible on all sides, and the more dangerous when neither the disease nor the remedy is known, which, alas! is too often the case. But when the choice of the medicine, accurately known in its local and qualitative action, is based on the substratum of an objective material (the sensation indeed can be taken into account, the doctor notwithstanding) and is placed in the foreground, then is empiricism in its better sense bound to an exact basis and secured from danger. We may have an ulcer or a neurosis before us, and be doubtful about the diagnosis,—the symptoms will direct us in the particular case decisively whether we have to give *arsenic* or *bellad.*, and when they conduct us, we may possibly be wrong in our supposition of the nature of the disease, even then the treatment has its indication, and the result will certainly confirm the justice of the decision. In no case moreover will we do injury. The advantages of our practice are here especially predominant, where, as we have seen in the pathological division, all authorities agree in this, that no diagnosis is to be arrived at with certainty. What has the old school as a compensation in pathology, as a support in practice? And what preference has our mode of proceeding, falsely designated as symptomatic?

If our method can be called fundamental and rational in the specified conditions of the choice—physiological provings, clinical experiment, and the first indication: the totality of the symptoms and the exact individualisation in each particular case—it has this further merit, in that it besides enjoins us to take note of the morbid process in its varieties, complications and combinations with other

conditions, the anamnestic principal circumstances, the ætiological points of departure—*e.g.*, in relation to idiopathic and secondary affections—the individuality in its whole psychical and physical constitution, the influence of external circumstances in relation to the increase or lessening of the troubles, &c. In contrast to allopathy, we consequently find in the homœopathic method:—

Certainty of results; no injurious consequences from the little medicine we give; generally radical medicines, palliatives only exceptionally used; only specific-idiopathic cures; no symptomatic, rationality with practical means; empiricism in its best sense; surely guiding indications.

The, in general, still young literature of homœopathy is poor in relation to what is called special therapeutics, which has been only lately formed scientifically by the writings of Bähr and Kafke. Besides F. Hartmann's so far necessary, otherwise imperfect treatise, which can only be available as the commencement of a special therapeutics, and for the requirements of modern times, especially in a diagnostic view, nothing more exists. Only E. Kreussler,* and G. H. G. Jahr,† have delivered us a rudiment. We cannot here count the irresponsible pocket-books, the repertories. The popular guides that have appeared under the title of *Domestic, &c.*, from Hering, down to the latest of Goullon's, contain here and there good indications for the choice.

We have few monographs on particular diseases—in gastrodynia, none. Jahr‡ has lately put together the treatment of the organs of digestion, in the same way that he has drawn up his clinical remarks, and of course the treatise contains Gastrodynia. All these treatises are, however, only fragments and excerpts from practice, with which much that is subjective is mixed up. The clinical material is always the most valuable. Of this we possess an abundant choice, which, however, needs sifting. Very lucidly and objectively Th. Ruckert§ has arranged this down to the year 1851, to which Oehme has added a supplement down to the present time. Ruckert, however, judiciously, has

* Therapie akut. u. chron. Krankheitsf. 1 and 2 Abth. Leipzig, 1854.

† Klin-Anweisnugen Leipzig, 2 Aufl.

‡ Du traitment hom. des maladies des organs de la digestion, etc. Paris, 1859.

§ *Klin. Erpahromgen in der Hom. Dessanspates.* Leipzig: 1884. S. 609.

not drawn his distinctions too finely, and has given the superscription to the chapter in question (16) "Painful affections in the epigastrium and region of the stomach, chronic, partly spasmodic, partly inflammatory and disorganisations." His *résumé* is very instructive. We see from this survey how much in homœopathic journals has already been cleared out upon our subject. The new and not yet used literature, as we shall see below is not poor. The most recent, though designedly only fragmentary, but worthy of all observation of the kind, is Meyer's report of homœopathic Poliklinik at Leipzig, in the year 1857, under the heading *Cardialgia*. We will in the following sections come back again critically to the whole of this material up to date, and complete it inclusively. For much which remains to be said exists only in oral transmission, tradition, individual experience, which has not been committed to paper. Since, moreover, the composer has his own peculiar and by no means small domain of such practical observations, since it is his business to confirm or correct what is foreign, since farther the collection of very scattered material is not without its merits for us; and when it shall have been brought under certain fixed points of view, this in the divergence of practical directions and theoretical views in the different schools may be of use to each man, the origin of this monograph will be justified in everybody's eyes.

OZŒNA—CURE MAINLY BY *AURUM*.

By Dr. Harmar Smith.

Mrs. P—., Broadstairs, May 4th, 1882, sanguine temperament, strumous habit, æt. 39, had a large family. Fell when a child and broke bridge of nose. Now Ozœna of one nostril, accompanied with profuse discharge, Has atrophy of the heart and general debility. *Tinct. of digitalis and kali bichrom.* in alternation.

May 9th. Nostril very bad, nose swollen, obstructed and painful. *Aurum* (3 trit.) gr. j, three times a day. Continue *digitalis*.

* H. V. J. Schr. S. 439.

May 14th. Some improvement in appearance of nose; less swelling and discharge. Continue *aurum* and *digitalis*.

May 18th. Further diminution of swelling of nose and in discharge, but has taken cold owing to the prevalence of easterly winds, and has some bronchitis. Continue *aurum* with *kali bichrom.* in alternation. Omit *digitalis*.

May 25th. Further improvement in local symptoms. Omit *kali bichrom.*; continue *aurum*.

June 5th. Much better in every respect. Continue *aurum*.

June 26th. Ozœna nearly well, but has taken cold. Omit *aurum* and take *arsenicum*.

July 13th. Mrs. P., was now so nearly well that I ceased to attend her professionally, and on calling some weeks afterwards found that there had been no return of the nasal symptoms. I made no use of injections or other local applications.

I have a great objection to the common practice of alternation, but as the case was complicated with heart disease and bronchitis, I felt that I was perfectly justified in the employment of more than one medicine.

South View House, West Cliff, Ramsgate,
July, 1883.

CASE OF ABNORMAL PERSPIRATION.

Reported by Dr. A. S. Kennedy.

Mr. C., ætat 18, came to me suffering from very peculiar axillary perspiration. My attention was drawn to the case in the first place oddly enough, by his tailor, who attends the Deptford Dispensary. One day whilst conversing on his own case, this man asked me if I thought there was any cure for a customer of his, who perspired in such an extraordinary manner as to ruin his coats in a very short time. The appearance presented by the coats was that of having been soaked in a greasy chalky material under the armpits, which rotted the cloth and caused great annoyance to the wearer. The result of this conversation was that the young gentleman presented himself some time afterwards to see whether homœopathy could relieve him of his annoying complaint. He said he was in perfect health in

every way with this one exception. Washing the axillæ night and morning with various soaps made no difference. As soon as he began to move about this extraordinary milky perspiration exuded freely. This state of affairs had now continued for about eighteen months. The only therapeutic indication which I could find was from Hughes' *Pharmacodynamics*. "Unhealthy perspiration with a greasy skin, *silica*;" so I gave him twelve doses of *silica* 6, and instructed him to take three Turkish baths. The result was quite satisfactory, as by the time the medicine was finished the perspiration was quite normal.

Whether it was the *silica* or the Turkish baths which cured him I know not, but the fact remains.

Blackheath, Sept., 1883.

SLEEP WITHOUT NARCOTICS.

By Selden H. Talcott, M.D., Ph. D.

Medical Superintendent of the State Homœopathic Asylum for the Insane, Middletown, N.Y.

Continued.

We come now to medicines for the induction of sleep. These may be divided into four classes: Firstly, those which act specifically upon the vaso-motor system; Secondly, those which act upon the heart, modifying or regulating the entire circulation; Thirdly, those which act upon other organs of the body, as the lungs, stomach, liver, bowels, kidneys or uterus; and Fourthly, those acting upon the cerebro-spinal system. Against the use of the so-called hypnotics in massive doses for purposes of producing sleep we wage a continual warfare, because we believe that the temporary benefits which are supposed to be obtained by their use are heavily discounted by the evil effects which almost always follow their administration. The world is burdened by the victims of alcoholism, opium habit, bromism, and chloralism. These victims knock at every physician's door for relief, and, disappointed, they are often driven for seclusion and rest to the wards of insane asylums. Those who work or worry over much; those who watch for many nights in succession at the bedside of the sick; those who tarry late and long at the wine cup; and those

who attempt to drown their sorrows and cares in the Lethal juice of the tempting poppy, are all destined to become in time the victims of sleeplessness. To relieve the sufferings of this unfortunate class we may add to the natural physical means, already pointed out, the healing virtues of appropriate homœopathic medicines. By the judicious use of the remedies to be named, in connection with the means already stated, sleep may be induced with satisfactory certainty, while the dangers of *narcotism* are happily avoided. Before noting indications for the remedies to be used, we desire, by way of episode, to tell you of a novel cause and cure of and for sleeplessness. In reply to one of my questions, Dr. Morgan writes: "My attention has been drawn to a peculiar cause of insomnia, viz.: optical defects—*i.e.*, errors of refraction and accommodation. Within 24 hours I have received testimony of three cases benefited by glasses duly and carefully *fitted*. One, however, had also had *Gels.*; a second various drugs; the third *nothing*. I am sure this is an important class of cases. The mother of the first is insane, and commenced with similar eye-strain. He, himself, has optic neuritus." The same gentleman writes me also to this effect: "I can always put myself to sleep by gazing, in imagination, on a vast blue sky. Sleep comes almost instantaneously." You who are sleepless should always keep a "vast blue sky" on hand, over whose high arched dome you may soar on the wings of an exalted imagination in pursuit of sleep!

From those remedies which affect the vaso-motor system we have selected the following as among the most important: *aco.*, *ars.*, *bell.*, *cinchona*, *coffea*, *moschus*, *nux v.*, *opium*, *stram*, and *verat vir.* Those acting on the heart, (thus affecting the circulation) which are of particular value in relieving sleeplessness, are: *acon.*, *ars.*, *bry.*, *cact.*, *cimicifuga*, *digit.*, *gels.*, *lach.*, *phos.*, *secale*, *spigelia* and *verat vir.* In a third group we may place *bell.*, *hyos.*, *phos.*, and *sang.*—for their effects upon the lungs, relieving cough, and thus promoting sleep; *ars.*, *carbo veg.*, *ignat.*, *lyc.*, *nux v.*, *podo.*, for the stomach; *aloes*, *aurum*, *china*, *mercury*, *rhus*, and *sulph.*, for the liver; *apis.*, *canth.*, *cannabis sat.*, and *ind.*, and *terebinthina* for the kidneys: *bell.*, *caulo.*, *cimicif.*, *gels.*, *puls.*, *secale* and *sepia* for the uterus; and *aloes*, *aurum*, *bell.*, *cham.*, *coloc.*, *dios.*, *hyd.*, *ign.*, *lyc.*, *merc.*, *nat. mur.*, *nux v.*, *podo*, and *sulph.* for the intestines. For disturbances of the male sexual organs we

may name *cimicif, conium, gels.*, and *pic. ac.* For specific action on the cerebro-spinal system we look to *acon. amm. carb., arnica, asafœtida, bapt., bell., bry., cact., camph cannabis sat., canth., caust, cham., cimicif., curare, coffea., gels., glonoinc, hyos., hyper., ignat., lach., nux, op, puls., rhus, silicea, scutellaria, secale, stram., tarantula, verat, alb.* and *vir.*, and *zinc.* Special remedies for the opium habit and for drunkards are: *macrotin, avena sativa, phos., nux vom.*, and *ars.*

Again, by way of interjection, a few quaint and ancient prescriptions for the production of sleep may not come amiss. Lemnius advises that you anoint your temples with virgin wax at the hour of sleep. Mizaldus tells us to rub our wearied and sleepless brows with rose water and vinegar, together with an ointment made of nutmegs grated upon rose cake, and this to be wet with a little woman's milk. Cardan suggests that we smear our teeth at bed-time with ear wax from a dog! To these may be added oil of nenuphar, wormwood, mandrake, pillows of roses, fat of a dormouse, swine's gall, hare's ears, violet leaves, lovage waters, *lac virginale*, and many others. Their mode of application we will leave to the *tastes* of the user!

We turn now from the prescriptions of the Ancients, to the more scientific and more effective medications of modern times. Homœopathy has done much, and in no department have her triumphs been more manifest than in the department of mental and nervous diseases. The "chief characteristic" of this department is *sleeplessness.* For the mental excitements which accompany acute febrile diseases, with active cerebral congestions, intense anxiety, and apprehensions of death or disaster, preventing sleep, *aconite* leads the list. Disturbances of the mind after fright, or anger, are relieved by this valuable drug. One of our patients, brought in while suffering with acute mania, after a week's sleeplessness in spite of heavy doses of chloral, and where fright, anger, and restlessness were intermingled, so to speak, was promptly relieved, and made to sleep sufficiently, with a few doses of the third centesimal dilution of *aconite.*

Actea racemosa works its effects directly upon the cerebro-spinal system, as "a rheumatic irritant producing *erethistic hyperæmia* of the brain and spinal cord, and through these the whole muscular system."—(Hale). Sleeplessness from such a condition is almost inevitable.

Hence we find *actea* an invaluable remedy for the production of sleep in the cases of drunkards who are suffering from the effects of stimulation, and who are passing through the horrors of delirium tremens. Opium-eaters, or those who are trying to stop the use of opium, and those who are suffering from the effects of protracted muscular strain, from toil, watching, or exposure, are strikingly benefited by the use of *actea*. Dr. Geo. B. Palmer prefers the use of *macrotin*, the active principle of *actea*, for drunkards and opium-eaters. The symptoms upon which *actea* is prescribed are: Intense prostration, pain in the base of the brain, extending to the nape of the neck, and sometimes spreading over the shoulder. Mentally there is a sense of crushing depression—a feeling as if the mind were wrapped in the blackness of eternal darkness. Throughout the body there is a condition of active and distressing tremulousness.

Arsenicum is pre-eminently a remedy for the sleeplessness of those who are suffering from blood degeneration, and from mal-nutrition accompanied by exhaustion of the nervous system. Not only is the brain anæmic, but the entire body likewise. To anticipate good results from drug action in such cases, the remedy must be applied with a view of affecting favourably the blood itself, and through it the nerve centres.

By the liberal use of milk and beef tea, and by keeping the weak and exhausted patient in a prone position both day and night, the subtle and charming effects of *arsenicum*, as a restorative medicine, are made manifest in pleasant and abundant sleep at night, and a rapid regaining of health and spirits throughout the coming day. *Arsenic* has a restlessness and anxiety which rivals that of *aconite*. But the former is the restlessness of anæmic irritability, while the latter is the restlessness of erethistic hyperæmia.

A new remedy for the relief of sleeplessness following alcoholic or narcotic stimulation, and mental excitement due to any form of overtaxing of the brain, has been put upon the stage of active usefulness. That remedy is *avena sativa*, the common oat. Its action upon the nervous system is not yet fully understood, but the good results following its use by some very careful and observing physicians entitles it to further proving and clinical experimentations.

Among the remedies which control the circulation, and thus affect the nervous system, we may name *baptisia*, *gelsemium*, and *veratrum viride*.

Baptisia overcomes the quiet but persistent wakefulness of those suffering with profound melancholia, accompanied by tendencies to the typhoid state.

Gelsemium has a somewhat similar form of sleeplessness; that is, the patients are quiet, dull, and stupid, yet they fail to sleep. The distinguishing difference which exists between the *gels.* and the *baptisia* patient is to be found in the general condition, and in the causes affecting the nervous system of the individual case. The nervous system of the *gels.* patient is exhausted by overwork or debauch; that of the *baptisia* case by imperfect nourishment of the nerve tissues with the pabulum of impure blood. *Gelsemium* patients seem ever on the verge of profound slumber, but are unable to pass the gulf that lies between them and needful rest. Such patients are the victims of an overtaxed and exhausted brain. "I have found," says Dr. John C. Morgan, "insomnia of college professors, of business men, and of persons *recently* drinking too much, with late hours, etc., met by *gelsemium*, 3rd decimal, better than by any other remedy."

Veratrum viride, unlike *baptisia* and *gelsemium*, has intense restlessness. In this respect it resembles *aconite*; but the latter is full of fear and apprehension, while the former is quarrelsome and inclined to be cross, like *belladonna*.

Veratrum viride is useful in the sleeplessness of acute fevers, of puerperal mania, and the excitement preceding or following attacks of epilepsy. A tendency to spasmodic action of the muscles will perhaps serve to differentiate *veratrum viride* from *aconite*; and from *belladonna*, by reason of the fact that the mental disturbances are somewhat milder in degree, while the fever is more severe.

Of all remedies in the Materia Medica, probably none acts so directly and so positively upon the brain as *belladonna*; consequently we come to rely upon it as one of the chief remedies for the relief of those cerebral diseases of a congestive or inflammatory nature which tend to prevent sleep. From the insomnia of mania to the dazed sleeplessness of melancholia with stupor, this drug exerts its powerful influence, and its persuasive charms may be

exercised upon every form of cerebral disorder and mental distress. Its symptoms are familiar to every practitioner. As a practical hypnotic without narcotism its success depends largely upon its mode of application. When the brain is over supplied with blood, and the mind is lashed into a fury by the spurring action of the arterial torrents, then the mildest and almost imperceptible doses of *belladonna* will manifest a control over the excited mental forces more marvellous than the strange juggleries of the lion-tamer. On the contrary, when the brain forces seem utterly befogged and overpowered by the intensity of blood pressure ; when the pupils are widely dilated, and when tetaniform convulsions seem impending, then material doses of the drug are required to dislodge and disperse the enemy.

Cactus and *digitalis* are sometimes required in cases of sleeplessness ; the former where the pain and constriction about the heart produce a silent sadness of mind, with a disposition to weep and mourn night and day ; the latter where cardiac distress induces an anxiety similar to that of *aconite*.

Coca is useful as a sleep producer in cases of mental exhaustion, where at times the patient seems utterly prostrated, and at other times remarkably bright and well, and ready and eager for any work. *Coca* is also beneficial where the patient after going to sleep is suddenly awakened by a sense of shock in the brain. The pathological condition which exists in such cases is, we believe, that of anæmia spasmodica. Weak and nervous women, and worn out brain workers, are peculiarly liable to such conditions.

Allium cepa, the common onion, has a popular reputation as a remedy for sleeplessness. In mild cases of brain fag, accompanied by catarrhal disturbances of the nasal passages and throat, with tendencies to neuralgic pains, and where these external irritations excite the mind it is an effective remedy. The raw onion may be eaten just before retiring, or the mother tincture, or lower potencies may be used.

Chamomilla is useful as a homœopathic hypnotic if the patient suffers from dull, unrelenting, and distracting pain, such as a nightly toothache. This remedy is particularly serviceable if the patient is cross and irritable, and feels inclined to get out of bed and walk the floor. If, instead of being cross and obstinate when suffering severe pain,

the patient is anxious, fearful, and makes a great fuss, then *aconite* will relieve.

Coffea is indicated when the nervous erethism is still more acute and sensitive, than it is in either *chamomilla* or *aconite*. The absolute and unutterable æstheticism of sensitiveness is reached when *coffea* is indicated. The bad effects of quite too good news are likewise successfully combated with *coffea*.

Hyoscyamus has the sleeplessness of *belladonna*, but not the intense congestions and inflammations of the latter drug. It has a high degree of mental excitement, but not the maniacal fury of *stramonium*. Standing as it does, between these two extremes, it is, perhaps, more frequently required in practice than either *belladonna* or *stramonium*. *Hyoscyamine*, the active principle of *hyoscyamus*, is said to produce anæmia of the brain; hence its homœopathicity to anæmia when it exists in nervous and overworked persons. For sleeplessness in such cases, particularly where the patient is easily perturbed in mind, it is an effective remedy.

Hypericum, "the arnica of the nerves" may be used after all nerve injuries, and where sleeplessness follows these, and where, likewise, the brain has been strained by intense and continued exertions.

For the sleeplessness of grief, no remedy compares with *ignatia*. The *ignatia* patient broods quietly over the sorrowful experiences of the past, and rises but slowly from the "slough of despond" into which the loss of health, friends, or property has plunged him.

Aconite and *opium* may be called for in cases of sudden shock from bad news, the accompanying symptoms determining the demand for either one or the other. In one case agonizing restlessness will exist; in the other, dulness and dazed depression.

Pulsatilla may be serviceable in the sleeplessness of *mild* and tearful young women, while *natrum muriaticum* is required by those who are full of *boisterous* grief, and who, though young, have the appearance of being prematurely aged.

Kali bromidum is a drug which produces true anæmia of the brain. Its use, in massive and overpowering doses, has caused many disastrous results; yet the same may be said of *mercury*, *opium*, and *antimony*.

Where insomnia from anæmia exists with no other marked indications, we have found grain doses of the first decimal trituration remarkably efficacious. This is particularly true when the remedy is used upon patients suffering from acute and painful diseases.

Nux vomica is a drug whose value, as a hypnotic, is well known to the profession. It is specially applicable in cases of recent debauchery, or gluttony. Those who are sleepless from a recent "drunk," or the surfeit of a late and rich supper, will find *nux* a panacea for their pains, and a happy antidote for the disgust which such practices excite in the breast of Morpheus.

Nux likewise overcomes the ill effects of hard study, and sexual excess, and enables the victim to secure, with comfort and safety, a not otherwise easily obtained morning nap.

Another valuable remedy for sleeplessness following intense mental overwork and anxiety, and coupled with a distressing confusion, pain, and vertigo in the head, is *phosphorus*. Five drops of the tincture in half a glass of rain water, a teaspoonful every half hour during the evening, followed by a bowl of hot soup, or a cup of beef tea at bed time, will generally relieve the pain and restlessness of brain-fag, and secure to the patient a sound and refreshing sleep during the night. Dr. Conant tells me that he has found *phos.* useful when the patient falls asleep easily, and is just as easily awakened. The *phos.* case sleeps and wakens many times in a single night.

Opium is, par excellence, the world famous narcotizing agent by which the brain is stupefied, and unnatural and unhealthy sleep produced. Homœopathically, it may be applied to mitigate the stupor of severe cerebral congestions, particularly where there is a tendency to apoplexy or paralysis. We remember a case where *opium* thus applied caused the patient to sleep lightly and naturally, who, previous to its use, was accustomed nightly to sink into a stupor from which he could not be aroused until eight or nine o'clock in the morning. Under *opium* he awoke naturally, according to previous habit, at 6 A. M., without external assistance.

Secale cornutum produces at first marked congestions followed by anæmia and sleeplessness. There is a tendency to paralysis, and particularly formication. These sensations,

in cutaneous nerves, as if ants were crawling over the skin, tend to excite and worry the patient, and stimulate a feeling of anxiety and apprehension, which prevents sleep. As a "*regulator*" of the circulation in anæmic cases, and as a promotor of sleep, *secale* occupies a prominent position in the Materia Medica.

For the sleeplessness of utter mental and physical inanition, when food fails to nourish, when the heart loses courage, and when there is abject despair and total absence of hope, we find that *silicea* will often work a wondrous and magical *presto* in the condition of affairs. *Silicea* is one of the most marvellous of all the medicines for mental diseases, *i.e.*, when it is indicated, which is more often than is generally supposed. It should be administered to those who have no "sand!"

We have given hurried and imperfect indications for the use of a few remedies for sleeplessness. No specific for this distressing symptom can be named. Each case must be individualized, and both the conditions and symptoms noted with scrupulous care. When practicable, the conditions must be changed from abnormal to normal, as far as possible, by hygienic and dietetic means. Then, as an aid to perfect restoration, the appropriate homœopathic remedy must be selected and properly administered.

We advocate a careful attention to the measures proposed by reason of the fact that, as a nation, we are imperfect and scanty sleepers. And we may note another fact, that by the use of narcotic and overpowering drugs, too freely and indiscriminately applied, the American people are drifting blindfolded upon the rock of insanity, and into the shoal waters of premature physical and mental decay.

Our modern civilisation is tending toward numerous and fatal disasters. Even children imbibe with their mother's milk the reckless rush, and hurry, and fretfulness of the times. Our schools are crowded with weak and failing brains. Our shops, stores, counting-houses, and offices are filled with the victims of overwork and competitive worry; and our cemeteries are burdened with an increasing crop of youthful skeletons, the sad and suicidal remains of short and ill-spent lives.

National decay can be averted only by a general reformation in our method of living; and foremost in the

line of reform rises a grim and persistent demand for necessary and recuperating sleep.

Carlyle says that "the race of life has become intense; the runners are treading on each other's heels; woe to him who stops to tie his shoe strings." Just now the race is sharp, but short. The time will come, however, when long distances, and long life to make the journey in, will be the fashion. And the race will be won, not by those who are breathless, haggard, and careless of shoe strings, (for such runners will fall by the wayside) but it will be achieved by those who toil patiently and steadily, like the tortoise, during the day, and who gather strength for future fleetness by solid and sufficient rest at night. The means for securing this practical necessity, sleep, have been pointed out. We must practice, in these earthly tabernacles, the wisest principles of mental and physical hygiene. And then, when disease does assail us, and sleep flies from the couch of pain, we must avoid the greater dangers that arise from the reckless use of overmastering and poisonous drugs. We must remember that beyond and above the temporary and deceptive relief afforded by narcotics, we may find more satisfaction, safety, and efficacy by a resort to

> "Many simples operative,
> Whose power will close the eyes of anguish."

That was a wise observation of Meander, when he declared that "sleep is the natural cure of all diseases." To be so, however, it must be induced by mild, and not by savage measures.

It remains for the medical profession to guide aright the millions of earth's wanderers over life's desert plains. And it is the duty of that profession to not only relieve the sick, but to suggest and lead up to the means for preserving and continuing the good condition of those who are in health.

He who shall smite the rock, and command an outpouring of Lethean waters for the comfort of the strong, inducing sweet forgetfulness of every care, and for the consolation and recuperation of the sleepless sick, will be recognised as one of the greatest and wisest of earth's benefactors.

Who shall discover the rock, and who shall smite? None save the earnest searcher, the anointed leader in the paths of truth, and the persistent and patient "workman in the cause of humanity."

CASES OF HYDROPHOBIA.

Collected by E. W. Berridge, M.D.

(1). *London Medical Gazette*, 1837-8. Vol. i., p. 205.

By Dr. Francis Hawkins.

October 5th.—William Hayes was admitted into the Middlesex hospital at 12.30 P.M. He complained that he was unable to drink; that the noise of water appeared to choke him, and stopped his breathing; and that the same effect was produced by a current of air, if the hand were passed quickly before his face, his eyes being shut. He was evidently in an anxious and excited state. Pulse about 80, quick, and slightly irregular. Tongue white and covered with a creamy fur. Two stools this morning. About two months ago had been bitten in the hand, the scars being still visible. He said he suffered no inconvenience till two days ago, when pain occurred in the bitten hand; he described it as a stinging pain, extending up the arm; indeed there was uneasiness, he said, in the whole of the right side. On the night before his admission he had gone to bed feverish, and thought he had taken cold, his throat being slightly sore. He was unable to sleep, and got up to drink, but water appeared to choke him. He took some pills, but remained sleepless, and could eat little or no breakfast.

One of his fellow-workmen said that on October 2nd he complained of an uneasy sensation in his hand; and on the 4th he was so restless that he declared he could settle to no employment, and was constantly speaking of his hand.

When admitted into the hospital, he was more like a person under the dread and expectation of evil, and who was striving to make up his mind to meet it, than like one under actual suffering. There were no involuntary spasms apparent at first sight; and yet, on close observation, a slight catch in his breathing—as if an inspiration were suddenly arrested, and followed by a short pause—might occasionally be detected. His conversation and answers, though rapid, were clear and collected. But the tone of his spirits was very unequal. At one moment he appeared to have convinced himself that his fears were groundless, and endeavoured to laugh them off; at another he gave way to despondency, and anticipated speedy death. He entreated that no experiments might be tried on him, unless

it were to give him poison, fearing, he said, that for the sake of science his feelings would be but little regarded. At a subsequent period, when urged to allow his hair to be cut off, he refused with a forced gaiety, saying that he should not like to look ill in his coffin. As he refused at this time to attempt to swallow liquids, none were offered him; but at his own request some rice pudding was brought, of which he swallowed a small quantity, though with difficulty, and he complained that it was too dry. When moistened with milk it seemed to be more palatable to him, yet after taking a few spoonfuls he soon gave it up, though he said he could willingly have eaten more. He requested not to be placed in a separate ward, as the company of the other patients was agreeable to him, and he earnestly begged for some books, which would amuse him without taxing his attention too much. Ordered *sulphate of iron*, with *pil. saponis cum opio*, and *ext. coloc. comp.* in pills.

At 5 P.M. he complained that he was much worse. He was flushed in the face and agitated, the pulse being also somewhat quicker than before. Had taken two of the pills, and passed another stool of good colour, but small and worm-like, as if the bowel had been contracted. He professed the same horror of liquids, and declared that he had as much difficulty in swallowing as before. Yet still the motion of water did not seem to excite any actual spasm; he merely remonstrated with those, who once or twice splashed it about, on the cruelty of doing that which was painful to him for their own amusement. Having been asked to allow his forehead to be moistened, he declared that he would do it himself; accordingly he dropped his hand into a basin placed rather behind him (because he thought he should do it more easily if he did not see the water) and drew his hand hastily across his forehead. Still there was no visible spasm, and he seemed pleased, and boasted of what he had just done. He also swallowed a few grapes, though not with much ease or dispatch; it was observed, however, that he took them faster and more easily when not aware that he was watched. *Calomel, opium, morphia,* and *musk* were ordered.

At 10 P.M. he was cooler and less feverish; pulse quieter and less frequent. He said, with some exultation, that he had slept a little at intervals. He had taken his medicine with tolerable ease. He thought he should like to have some grapes placed near him, but was better

pleased that these, and whatever else was brought to him, should be covered up at first than that they should be at once exhibited to him. In this state he was left, endeavouring to sleep, and he continued quiet till nearly midnight, then he was disturbed by the entrance of some of the physicians. He resented this disturbance with great irritation, and became quite furious when asked if he would drink some water. He began to rave and become ungovernable, and from that time to his death was constantly in a state of frantic delirium. Early in the morning, on seeing in the ward one of those who had disturbed him at night, he darted up, and leaped over one bed after another with surprising strength, and it was with great difficulty that he was at length secured and kept in any degree of order. He could only be persuaded to enter another ward by the assurance that he should walk into it himself without constraint or any force being offered him. He began now to be excessively irritated if anyone spoke to him, or indeed if a single word was spoken in his presence; commanding silence in the most impassioned manner. He appeared to be less offended if he was approached firmly and openly, than if anyone advanced towards him softly and cautiously, by which his suspicions were manifestly awakened. In the separate ward he begged to be attended by one of the patients, for whom he had conceived a liking, and there was but one of the nurses by whom he could bear to be approached, the presence of any of the rest appearing to irritate him beyond measure; and he declared that no one but those just mentioned should enter the room, or, if they did, he could not be answerable for any violence which he might commit.

October 6th.—At noon I found him greatly altered since the former evening. He had just left his bed, and on my entrance he sprang to the middle of the room, where he stood, shrunk and ghastly; his lips and countenance had become somewhat livid, and in the midst of his ravings a catch in his breathing might be observed more frequently than before. He suffered himself to be persuaded to lie down again, and promised to allow me to feel his pulse if I would stand on one side rather than on the other. He complained that if he attempted to swallow, his water passed from him involuntarily, a symptom which has been noticed in this disease before. He endeavoured with all

his might to impose silence on all around him; whoever spoke, appeared to speak daggers to him; and he declared that if many persons were to enter the room and stare at him, he could not command himself, but thought he should leap over the banisters. At one moment, having been accidentally left alone, he locked himself into his room, upon which the door was broken open, and a strait waistcoat put on. When this had been done, instead of struggling with greater violence, he became more composed, and was less irritated by the presence of numerous persons and by their conversation. He earnestly requested, at that time, that one of the students (whom he selected, he said, because his countenance was amiable and engaging) might be allowed to attend him. His complexion, since he had been excited by the entrance of many visitors, and by his struggles to escape from them, had acquired a better hue, and his breathing was carried on with less interruption, so that he was thought by many, who now saw him for the first time, to be labouring under a fit of insanity, or the commencement of *phrenitis*. As he was still at liberty to get out of bed, it appeared right to confine his feet; but he no sooner caught sight of the leather brought for this purpose, than he sprung out of bed with extreme violence, and it was necessary to bring him back by main force. During his recent struggles he vomited a small quantity of yellow matter, and wished to be sick again. Accordingly two grains of *tartar emetic* were given, shortly followed by another dose, which presently excited vomiting, and he said he felt relieved greatly. The remedy reduced the force and frequency of the pulse. Another dose was ordered in an hour. Between 5 and 6 P.M. his state was considerably changed. He had become more and more delirious, yet his memory, perception, and reason appeared at times to be perfectly correct. His temper, however, had become much exasperated, and he expressed his wrath by sometimes spitting violently about him. He had vomited two or three times, and was besides constantly pouring out a large quantity of saliva. The force of the temporal arteries was greatly reduced. About 11 P.M., his bed having become very wet with the excessive flow of saliva, it was thought proper to shift him into another; for which purpose, as soon as his feet were unloosed, he gathered them up, and sat up in bed; a slight retching then came on,

upon which he fell back, and almost immediately expired, appearing to sink exhausted, and not as if suffocated by any sudden or permanent spasm.

Post mortem next day at 2 P.M. It was evident that the blood had remained fluid, for although only fifteen hours had elapsed since death, the back had become extremely livid. There was a slight partial thickening of the arachnoid, and a very little fluid effused underneath it. A small quantity of fluid in the ventricles. A slight. but decided vascularity of the *pons varolii*, and the *medulla oblongata;* the surface of these parts was injected with bright red vessels. The membrane lining the fauces, and covering root of tongue, was rendered unusually rough and irregular, by an enlarged state of the mucous glands. The mucous membrane of the œsophagus was in some places abraded, and in other parts its superficial interior lining had the appearance of a fine false membrane. In the stomach the mucous coat appeared softened, but without breach of continuity. In some parts and patches of it there was the common appearance of vessels greatly congested. The epiglottis, and other parts about the glottis, were dark and highly injected. The lining membrane of the larynx and trachea was also slightly congested; the lungs contained a good deal of serum. There was a moderate quantity of fluid in the pericardium. The subclavian veins were empty. In the cavities of the heart there some dark clots of blood, coagulated, but not firmly.

(2). *London Medical Gazette.* New Series, 1837-8, Vol. i. pp. 538, 660.

By Mr. WILLIAM DU HEAUME.

February 11th, at 10 P.M.—I was called to see Mr. L. F., who I was told was dying. I found him sitting, supported by pillows. His face was flushed, and his eyes shut, but on being opened, the pupils responded to light. Respiration was convulsive, and the pulse quick. He continually repeated the word *achève*. He had been in this state some minutes. I was told he had returned from sea a fortnight since, and during the latter part of the voyage had suffered much from anxiety of mind. His friends had found him quite altered; he was lonely and shunned society; he was sleepless, and wished to be always walk-

ing. He had before experienced a few slight convulsions, and he could exactly tell how and where he had been seized, and what he had done during the paroxysm. He now occasionally spit out his saliva, and turned violently on his abdomen, making efforts to throw it off by vomiting. Twenty-four leeches were at once applied to the temples, a turpentine enema given, and occasionally *ammonia* to the nostrils. After being in this state for twenty or thirty minutes, he repeatedly sighed, and (as it appeared) gradually recovered himself. I was, however, surprised to find that he had all along been in his perfect senses. He had heard and recollected, and when his eyes were open he had seen everything about him. He was also sensible that he had continued repeating the word *achève*, which was part of a prayer he was saying when the paroxysm came on. At midnight he said he was much relieved, and he seemed quite well.

Feb. 12th. At 5 A.M.—I was called again, as he was again in the same state; the chief symptom being, as in the former paroxysm, that the respiration was convulsive. *Ammonia* was again given, cold applications to the head, and an effervescing draught. At 8 A.M. found he had remained well. His face was still flushed, and pulse quick. As he was much troubled with flatus, he had an *asafœtida* enema. His state between the paroxysms was as follows: He always lay on his back, with his eyes widely and constantly open, and turned upwards; the pupils were dilated but naturally contractile. He always answered a question correctly. He appeared engaged in deep thought. When told to shut his eyes, he would do so, but could not keep them shut. When a paroxysm of convulsions came on, it was generally announced by his spitting out his saliva with violence; his countenance became exceedingly animated, and his mental faculties much increased. A blister was applied to the calf of each leg; the cold applications continued; and during the day he had several purgative enemata. He had no paroxysm during the day, but at 9 P.M. he became much excited. This I attributed to the irritation of the blisters, as the slightest touch of the blistered part greatly increased the excitement. I could not take off the blisters without the assistance of several friends. His appearance was now much altered; his countenance was exceedingly animated, and his eyes brilliant; his manner was also remarkable. I now offered

him water to drink, but the instant it was presented to him he was convulsed, and violently gnashed with his teeth. Soon after, a basin was brought near him, to wet the cloth about his head; he was again convulsed, and tried as if to plunge violently into the water. Twenty-four more leeches were applied to the temples, and the cold applications continued. During the night he had numerous paroxysms, during which his mind appeared to be perfectly lucid, as he requested us by name to hold him, and he wished us to stay always one at each side, and another at his feet. He was always sensible of the approach of a paroxysm, and on one occasion, when only one of the attendants was with him, he requested the others to be called, as one alone, he said, could not hold him.

Feb. 13th.—His countenance was still more animated, face flushed; eyes more brilliant and red; pulse rather quick; burning pain in chest; quite rational, but very irritable. Ordered a mixture of *opium*, *vinum antimonii*, *spiritus ammoniæ*, and *mist. camph.*

There was no delirium, but his mental faculties were wonderfully increased. He could hear the lowest whisper; the smallest cinder falling would make him start up; the noise made by the water falling when the cloth was dipped into it, was insupportable; a carriage passing threw him into a convulsion; his vision was also wonderfully increased. Sometimes the dread of water was exceedingly well marked, at others not so. He could at times manage to get down a little, but that little seemed to distress him greatly. An orange was given him with the top cut off, but the instant its moisture touched his lips he was convulsed. This was well marked. He himself asked "how it was that when he brought the orange to his lips he was so pulled back." On enquiry, I found that he had been bitten by his Newfoundland dog, two years ago, in the upper part of the left arm; the dog was then greatly irritated, but was now alive and well. He had since often complained of pain in the part, and there was now some redness there, which, however, might have resulted from his being held by that part during the convulsions; and that arm was throughout observed to be more convulsed than the other. At this time the bitten part could not be touched without inducing convulsive twitches, and the patient himself asked why this occurred when that arm was touched, and not the other. His appearance was now

frightful; his tongue was greatly protruded, and his jaws were incessantly moving; he was continually spitting out his saliva, which it was evident he could not swallow. Sometimes, when asked if he would have a drink, he would say "I wish I could drink, I know it would do me good, but I cannot." During this day he had several paroxysms; in the afternoon a strait-waistcoat was put on, not because he evinced any disposition to do harm, but because it enabled fewer hands to hold him during the paroxyms; he was, throughout, anxious not to do anyone any harm. At 9 P.M. a vein was opened in the arm, and not closed till the blood ceased to flow. He took at 10 P.M. a draught of *camphor, digitalis, prussic acid,* and *morphia.* At midnight he was pulseless; at 12.30 A.M. the pulse was again perceptible, and then he took a second draught.

February 14th.—Had no convulsions during the night. The bandage on the arm had become loose, and he lost some more blood. He had now taken five of the draughts. He was now pulseless and insensible, with extremities cold. At 12 he had a violent paroxysm, which lasted fully two hours. After this he had only a few, and very slight. It was not till this period that his mental faculties were impaired. Before, he spoke much about religion, and quite rationally; but not so now. He was salivated with mercurial ointment, had a blister to the scalp, and occasionally leeches to the head, under which treatment he gradually recovered. He would occasionally ask to smell *eau de cologne*; at times it was grateful, but at others insupportable. On observation I found that when it was brought near him he carefully turned his eyes away from it, and, so long as he did not see it, it was grateful; but if it was so placed that he could not avoid seeing it, or if it was shaken before his eyes, then he could not bear it. The pulse was quicker than natural, and the tongue clean throughout. The bowels were all along obstinately constipated, so much so that 12 drops of *croton oil* did not affect them. He always wished those most dear to him to be kept at a distance, being evidently apprehensive of doing them harm.

At p. 660 an additional symptom is given. When the mental faculties were increased, he was *watchful* and irritable.

(*To be concluded.*)

REVIEWS.

A Retrospect of Allopathy and Homœopathy for the last thirty years. With Cases by HUGH HASTINGS, M.D., &c. Second edition. London: Homœopathic Publishing Company, 2, Finsbury Circus, E.C. 1883. Pp. 196.

THIS is a chatty entertaining little book, commencing with a retrospect of medicine, as it was when the author became an articled pupil some forty or more years ago; and passing on to the circumstance which led to his studying homœopathy. This is followed by a description in the same style of the points of difference between homœopathy and allopathy. An anecdote is given on page 24, illustrative of the difference between homœopathy and allopathy, showing that if 400 allopaths are consulted about the same case, it is possible that 250 different opinions may be expressed, and an enormous number of different medicines will be prescribed; while amongst homœopathic physicians, two out of three will prescribe the same medicine. Dr. Jahr is made the hero of the story, whereas the physician who suggested the consultation of homœopaths was in reality Dr. Constantine Hering. The original account of the incident will be found at page 126 of the 4th volume of the *British Journal of Homœopathy*.

The remaining two-thirds of the book are occupied with the details of successful cases that have occurred in the author's practice, interspersed with criticisms on the methods ordinarily pursued in similar forms of disease by non-homœopathic practitioners. In addition, the value of *acetic acid* in cancer is especially remarked on. This portion of the work will, we doubt not, prove attractive to the invalid section of the public, but contains nothing likely to be valued by medical men.

NOTABILIA.

THE PUBLIC AND HOMŒOPATHY.

WE are glad to find the general press is becoming alive to the real nature of the attitude maintained by the old school towards homœopathy, although our position, and the way in which we are treated by the old school, is so far a professional grievance, it almost equally concerns the public, who have a right to have the best and most scientific treatment, and who have a right to interfere when they find that the interests of science are being retarded in a manifest way by the great professional trades-union. They are beginning to see, and Major Vaughan-Morgan's munificent offer has brought it prominently into notice, that we

desire nothing more than the fullest investigation into our claims regarding the truth and inestimable value of homœopathy, and that this is presented by a mode of action which in this 19th century is unique in a so-called liberal profession, and which will furnish one of the most curious chapters in history of scientific intolerance and persecution. The public are too much kept in the dark as to the real state of matters, and it is with much pleasure that we reprint an able article on the subject from the *Philanthropist* of November.

"We have received various printed communications respecting the offer of Major Vaughan Morgan, the Treasurer of the London Homœopathic Hospital, to give £5,000 to St. George's Hospital, in five annual gifts of £1,000 each, on the condition that the money be expended in the maintenance of beds whose occupants shall be treated on the homœopathic principle. It appears that up to the present this munificent offer has not elicited from the authorities of St. George's Hospital the slightest acknowledgment or reply! The offer of the gallant Major, and this tacit and discourteous refusal, have given rise to so much public comment, that the matter becomes one of more than passing concern to those interested in hospitals or medical science. The facts are these. A number of beds have been unoccupied at St. George's for some time past for want of funds, and in the early part of the year a special meeting was convened by the hospital authorities to devise means of remedying so sad a state of affairs. Seeing matters in this condition, Major Vaughan Morgan telegraphed to the chairman of that meeting tendering £1,000 a year for five years to maintain beds for a public test of homœopathy on proper conditions.

"The offer was meritorious in the highest degree. The public mind having been long disturbed by the contentions in the medical profession, and the injustice arising from the determination of the prevailing school of medicine to allow neither fair play nor quarter to the other, has come to the conclusion that the pretensions of the homœopaths, backed as they are by statistics, by a growing development of their system in Europe, and its general ascendency among the acute and practical people of the American continents, ought no longer to be burked, especially as the system has survived the time when impostures die out and disappear. Moreover, the public is heartily sick of the whole business, and would desire nothing better than that the battle should be drawn, fought under fair conditions, and the victory declared one way or the other. The offer was therefore most public spirited and opportune.

"The *Lancet*, in noticing this offer, says that it is 'disrespectful in the highest degree to the medical profession,' and will be declined by every hospital in London. 'If so,' says our

contemporary the *Charity Record*, 'the greater the shame reflected upon the profession. Statistics recently published testify to the fact that the homœopathic treatment of cholera, typhoid, and other fevers, has been the means of saving from death a greater percentage of persons than is usual by the allopathic treatment.'

"Endeavouring to discredit what appears to be a very reasonable challenge, the *Lancet*, by a peculiar perversity of nomenclature, entitles its article 'Homœopathy Begging.' How an offer of £5,000 can be called 'begging' we cannot expound!

"In the following number of the *Lancet* comes a letter from Major Vaughan-Morgan himself, in which he says:—

"'It is a subject for much regret that anyone, more especially the editor of our leading medical organ, should deem my offer to St. George's Hospital to be disrespectful to the medical profession.

"'No one more highly appreciates the honourable, humane, and learned character of medical men than myself, and amongst those in orthodox practice I am proud to number many of my oldest and dearest friends. Nevertheless, it is impossible to ignore surrounding facts. At the present moment some thousands of duly qualified medical men are following the system of Hahnemann, while hospitals in every civilised country are publicly testing its value. Further, the most popular work on therapeutics amongst the rising generation of students—Sidney Ringer's—owes much of its fame to the promulgation of a series of specifics, mostly traceable to homœopathy—a system which is allowed, even by its greatest opponents, to be largely permeating general practice. Impressed with the excellence of much that is advocated by the homœopathic school, and still more impressed by the practical results constantly brought under notice in hospital and private practice, the writer was induced to endeavour to bring about a public test of the efficacy of the new treatment, and observing that a number of beds were unoccupied in St. George's Hospital from lack of funds, the offer referred to in your last issue was made. It will hardly be necessary to add that I have no interest in any system of medicine. My only desire is that that which is most efficacious in the treatment of disease should be adopted; and I know of no better plan for discovering this than the establishment of test beds under proper conditions and for a sufficient period to avoid the possibility of chance. If the result should be adverse, it will do more to discourage homœopathy than reams of print; if otherwise, surely the members of a progressive profession would be the first to acknowledge, and rejoice at, such an outcome of the experiment.'

This frank and reasonable utterance cannot, however, be published by the *Lancet* without appending a note, the contents of which everybody who knows anything of the claims of homœopathy must know are misleading. But although not of the medical profession, nor unfairly prejudiced in favour of homœopathy, but sharing Major Vaughan-Morgan's indifference to anything but what is really true, we are yet able to point out that the *Lancet's* editorial is so unfair and misrepresenting that the writer is either ignorant of what homœopathy is, or, which we cannot suppose, defends his case by abusing the plaintiff's attorney. This is what he says in the note referred to :—

"'Our correspondent does not seem to be aware that homœopathy scarcely exists *as understood by Hahnemann*. Its most popular exponent in London has published a new doctrine of therapeutics, directly contradicting Hahnemann's fundamental principle. We published last week the suggestions of a Hahnemannian journal, to drop the word "homœopathy" out of existence, as the only means of averting the imminent dissolution of the school. We are quite aware that there is a section of the public that believe in homœopathy; but they are attended by those who have abandoned all its essential principles while still retaining the name. The argument that homœopathy only needs a trial is untenable. It has been on its trial eighty years—as long, in fact, as vaccination. While vaccination is accepted by the whole world of scientific and rational men, homœopathy is without a chair in any university of Europe, and it is proposed by its own leaders to drop the very name. The attitude of scientific medicine to it *ab initio* is thus thoroughly justified.

"'The attempt to take shelter under the name of Dr. Sidney Ringer is now rather a favourite device of homœopaths. But it will not save either their scientific or their moral position. Dr. Ringer takes medicines as he finds them, and investigates their action in health and disease unhampered by authority, and he does not trade on a name.'

"Now what, according to the homœopaths, is homœopathy *as understood by Hahnemann?* They tell us that a drug which will produce certain symptoms when given in a poisonous dose to a healthy person will cure the disease which exhibits similar symptoms. That was Hahnemann's definition, and homœopaths refer us to his life for evidence of the fact that for many years after he formulated this law, and prescribed according to its dictates, he administered his medicines in ordinary doses. We have never known this principle recanted by a professing homœopath. The 'most popular exponent' in London, so far from 'directly contradicting Hahnemann's fundamental principle,' devotes twenty pages of his recent book entirely to the production of evidence in support of its truth. 'But,' says the

Lancet, 'there is a section of the public that believe in homœopathy; but they are attended by those who have abandoned its essential principles.' The *Lancet* refers to the essential principles of homœopathy as if there were several, but the homœopaths themselves tell us that there is only *one* essential principle.

"They say that a drug which will produce certain symptoms in a healthy person when given in poisonous doses will cure the disease which exhibits similar symptoms. That, they say, is homœopathy, and that only. We must do the homœopaths the justice to say that, while differing among themselves on some questions of practice and dosage, they are altogether unanimous that *that is the vital and the only vital principle of homœopathy*. The rest is matter of opinion: this, they all agree, is a matter of fact. We must also do them the justice to admit that in a rather extended controversial reading, much of it bearing on the subject of medicine, we have never yet seen this doctrine denied either in the *Lancet* or elsewhere. The homœopaths are never weary of telling us that the questions of attenuation and dose, which it admirably suits their opponents to confound with the essential principle, have no more to do with *homœopathy* essentially than the heroic dosage is an essential principle of allopathy. Why then does the *Lancet* misstate the case? Homœopathy no more means 'a globule,' say those who ought to know, than allopathy means 'a blue pill.' Some allopaths give what they consider small doses, and some homœopaths give what they consider large ones. As we have mentioned, Hahnemann himself, it appears, gave palpable if not massive doses many years after he selected his remedies on the homœopathy principle.

"But what is perhaps the most unfair charge of all, is the charge that the homœopaths trade on a name. Of course, the inference is that there must be something in that name to inspire public confidence, and that inference is fatal to the argument of the *Lancet*. We let that inadvertent confession pass. But the *Lancet* contradicts itself by saying that although the homœopaths trade on their name they now propose to drop the word 'homœopathy' out of existence. Well, that does not appear to be the fact; but what is the fact alluded to? Simply, so far as our information goes, that the title 'homœopathy' in the name of the homœopathic medical school, was a complete bar to the attendance of students who could not afford to suffer from the prejudices of their professors. Hence, we understand, a small number of the school constituents proposed the alteration of the *title* of that school—not 'to drop the word out of existence.' But what was the result? The proposition was declined by the general body, and the only alteration in the title of 'The London School of Homœopathy,' is its change to 'The London

Homœopathic Hospital Medical School'—a change hardly corroborative of the sweeping and radical taunt of the *Lancet*.

"But, after all, the public cares nothing for the dissensions of medical men. It takes Major Vaughan-Morgan's practical view of matters medical. It has 'no interest in any system of medicine. Its only desire is that that which is most efficacious in the treatment of disease should be adopted.' And there can be no doubt that the general effect on the public mind will be that the allopathic section of the medical profession shrinks from any proffered experiment while the homœopaths are ready and anxious to put their doctrine to severe and determinate test. The conclusion is doubly unfavourable to the allopaths, because in shirking the ordeal, they decline, what from their own point of view they ought to be only too glad to get—an opportunity to prove, once for all, that homœopathy is a delusion and a snare.

"The truth seems to force itself upon us that something underlies all this. As Lord Lytton tells us, the homœopathic practice has largely leavened the allopathic practice, and the public have a shrewd suspicion that they are treated homœopathically in a surreptitious way. It is plain enough that the old school is indebted to homœopathy for many new remedies, some of them introduced by Hahnemann. 'Dr. Ringer,' says the *Lancet*, 'takes medicines as he finds them.' '*True*,' retorts the *Homœopathic Review*, '*but where does he find them?* In Hughes' *Pharmacodynamics*, in the *British Journal of Homœopathy*, in this *Review*, and in homœopathic literature generally.' 'He investigates their action in health,' says the *Lancet*. '*True*,' retorts the *Homœopathic Review*, '*but who first showed the way? —Hahnemann.*' And then comes the usual silence, and these claims, so easy to disprove if not true, remain on record without contradiction.

"Now what is the public to think? Homœopathic hospitals and dispensaries are spread out all over Europe and America! Homœopathy is subsidised by our Colonial Government in Australia, munificently endowed by the Government in the United States! It has a very considerable and voluminous literature; and a very curious phenomenon would be presented to the student of human error, if half-a-century of medical men, taught in the allopathic schools, should combine to publish an enormous number of books and periodicals on a principle fundamentally wrong. The London Homœopathic Hospital has been in existence thirty years. It is perhaps as flourishing at this moment as any hospital in London, being able, no doubt largely owing to the vigorous administration of its Treasurer, Major Vaughan-Morgan, to pay its way. It publishes annually a complete analysis of its cases, with results. Its doors, we apprehend, are always open to the critical visitor, and we have

not yet heard that anyone has called in question the nature of the cases which it receives, or the truth of the reports which it publishes. One startling return, on the basis of statistics furnished to the Houses of Parliament, has been extant for nearly twenty years without refutation, namely, that in the cholera epidemic of 1854, the deaths under the homœopathic treatment at the hospital did not exceed 16·4 per cent., while the very best returns of the allopathic treatment showed a death percentage of 59·2 per cent. The cases in the homœopathic hospital were vouched for as 'true cases of cholera' by Dr. M'Loughlin, a Medical Inspector of the Board of Health and author of a book on Cholera, who adds that he saw several cases which did well under homœopathic treatment which would have sunk under any other. It is true this return was suppressed by the medical advisers of the Government, and equally true that it was called for by Parliament, and afterwards printed as a special return. And still the same policy is pursued. Still the endeavour seems to be to burke and suppress this science, which, whatever its merits, grows and spreads under our eyes. Let the medical authorities be done with professional jealousies and misrepresentations; let them abandon the un-English practice of gagging antagonists; let them no longer shut the door of professional advancement on a man because he believes, with Shakespeare, that 'in poison there is physic'; let them no longer taunt the homœopaths with 'trading on a name,' and then charge them with being ashamed of their title. Let them accept any reasonable challenge. If they wish to prove to the world that homœopathy is an imposture, let them do so, not by misrepresenting facts and misnaming acts of generosity, but by showing, once for all, that the law, '*likes are cured by likes*,' is a pretence, and not a scientific fact. Like Major Vaughan-Morgan, we are not wedded to any medical system; but, like him, we think it a public misfortune if a system that is false is still allowed to rear its head as true, or if, being true, it is constantly declared, by the ignorant or prejudiced, to be false."

THE LATE SIR WM. SIEMENS, F.R.S., D.C.L.

The sudden and entirely unexpected death of this distinguished and variously accomplished man has created a gap in the ranks both of pure and technical scientific investigators which will not be readily filled. While, in the wide circle of general society, the loss of the genial host, the ever interesting guest, the warm-hearted friend, which all who have known Sir William have ever found him to be, will long be felt.

The accounts of his last illness that have found their way into the daily papers are so obviously erroneous that we are particu-

larly glad to be able to give a correct history of the circumstances of it, drawn from the notes of his physician, Dr. Dudgeon, who has, at our request, kindly placed them at our disposal for this purpose.

Dr. Dudgeon had known Sir William Siemens for the last 20 years. His constitution was apparently robust, and he rarely suffered from anything more serious than occasional occipital headaches, sleeplessness, slight colds, and trivial attacks of dyspepsia. He was a man of immense energy and completely absorbed in the work of his life.

On the 5th of November, when walking home with a friend, his foot struck upon the kerbstone and he fell forward on his hands. He took no notice of this but went to his business as usual. On the morning of the 8th, when walking across Hyde Park to his office in Westminster, he found that he had to stop frequently and sit down on one of the park seats "to recover his breath," as he said, and that on each occasion he had profuse perspiration. He drove home, and, at Lady Siemens' request, Dr. Dudgeon saw him about six o'clock. He made light of the matter, complaining only of a little uneasiness in the chest, but making no allusion to the attacks of dyspnœa that occurred when walking in the morning. Examination of the heart and lungs revealed nothing abnormal. The pulse was 68, of good volume, and the sphygmogram was normal. He was urged to take a few days' rest, and a suitable medicine was prescribed. The next day, however, he drove to his office, and when seen in the evening said that he felt nearly well, and proposed to go to the theatre after dinner. This he was persuaded not to do. His pulse was 77, and the sphygmogram showed a little jerkiness of character, which Dr. Dudgeon had frequently observed it to have when he had been a little out of sorts. On the next morning (the 10th) he awoke at 4 a.m., with violent pain in the region of the heart. Dr. Dudgeon being sent for found him sitting up in bed, complaining of violent, indescribable pain referred to the left of the sternum above its middle, with numb pain extending down the left arm. He was icy cold, and bathed in cold sweat. The respiration was not affected, the pulse under 70, and the heart and lung sounds normal. Under the influence of the measures adopted, the severity of the attack soon subsided. The cardiac pain remained slightly during the day, but by evening had disappeared. His pulse never exceeded 68, and the sphygmograms taken during the day resembled those of his healthy days.

On the 11th, save for weariness, he felt easy. The pulse was 77, and there was some embarrassment of respiration, and also crepitation at the base of the left lung. On the following morning this had diminished in extent. The pulse was 90, respiration hurried, temperature 99° F. No cough, no pain.

Tongue white, no appetite; bowels acting regularly; had slept but little. On the 13th improvement continued, and on the 14th he felt so much better that he insisted on going down, transacting business with his secretary, and dictating letters of an agitating character. He also went upstairs into a cold room, having the windows open, to find a letter. He now coughed up a small quantity of bloody mucus, without any effort and complained of no pain. At 5 a.m. on the morning of the 15th an attack of dyspnœa occurred, and Dr. Dudgeon found him sitting up in bed, breathing very quickly and superficially. The pulse was 90, weak and, for the first and only time, intermittent. This paroxysm was quickly relieved, but similar attacks now recurred frequently. Respiration 40. Temperature never rose above 99.5° F.; indications of pneumonia of the left side increased, but without any pain; some bloody sputa were coughed up easily. These symptoms continued day and night. The intervals between the paroxysms of dyspnœa, which were always attended by profuse perspirations, varied; but on the whole their frequency diminished. The 16th and 17th were passed in this way, and on the 18th, the night having been very restless, and the fits of dyspnœa frequent, Dr. Dudgeon requested Dr. Dyce Brown to meet him in consultation. The opinion expressed was that the paroxysms depended on a weak condition, probably fatty degeneration of the cardiac muscle. The sphygmogram taken during the visit was very feeble. On the 19th the night had been very restless, quite sleepless, and a very severe attack of dyspnœa had occurred at the beginning of it. He could not rest in bed, and felt easier sitting in a chair. At the urgent request of a friend, Dr. Kidd saw him with Dr. Dudgeon at 4.30 on that day. During the evening a paroxysm of dyspnœa came on and passed off in the usual way. He sat up in his chair and spoke cheerfully, though somewhat incoherently. About 9 p.m. he coughed, spat a little mucus into a basin at his side, and immediately fell back in his chair dead.

The following is Dr. Dudgeon's account of the *post-mortem* examination he made, eighteen hours after death, assisted by Drs. Clarke and Byres Moir:—

"On opening the chest," he writes, "a considerable amount of serous effusion was found in both pleuræ and also in the pericardium. Both lungs were adherent at their apices with old pleuritic exudation. The lower lobe of the left lung was in the first stage of pneumonia, commencing to be hepatised in some parts. The heart was large, weighing 20 oz. The muscular structure was in an advanced stage of fatty degeneration. The left coronary artery was atheromatous, its lumen occluded by a semi-organised clot. The right ventricle was occupied by a large white clot. Abdominal viscera healthy. Brain not examined.

"The immediate cause of the sudden death was probably the occlusion of the coronary artery, and it is possible that the fall on the 5th of November was the cause of a slight injury to the brittle artery, which gave rise to the formation of the clot occupying it."

DR. TALBOT, BOSTON, U.S.A.

Dr. TALBOT made many friends while visiting London, in 1881, one and all of whom will be grieved to learn that he has recently been seriously ill, suffering from septicæmia, the result probably of an injury received during a surgical operation. At the same time, we are glad to be able to inform our readers, on the authority of *The Boston Evening Journal* of the 3rd ult., that an abatement of the symptoms was at that date in gradual progress. We earnestly trust that his health may be speedily and thoroughly re-established, and enable him, for many years to come, to persevere in the excellent work he has so long been engaged in, both in the City and University of Boston. Such earnestness and discretion as Dr. Talbot uniformly exhibits in all his public work cannot be laid aside, even for a few weeks, without injury to the cause of homœopathy.

OBITUARY.

GEORGE HILBERS, M.D.

WITH a regret that will be widely felt do we announce the very sudden death of Dr. Hilbers, which took place at his residence in Brighton on the 30th of October. For some years past Dr. Hilbers had shown indications of cardiac mischief, together with symptoms of spinal exhaustion, rendering it necessary for him to pass a great portion of his time in a recumbent position. On the day preceding his death, he was driving about among his patients as usual. About 8 o'clock in the evening Dr. Belcher received an urgent message to visit him, and found him suffering from rigors of a very severe type—induced, it is supposed, by his exposure, in an open carriage, to the cold wind of the afternoon. Suitable measures were adopted to ensure speedy reaction, and Dr. Metcalf saw him in consultation with Dr. Belcher. During the night he had occasional attacks of vomiting, but slept well in the intervals. On the Tuesday morning he was apparently better, and continued to improve throughout the day, so much so, indeed, that it was with some difficulty that Dr. Belcher succeeded in persuading him not to go down to dinner. Later in the evening, a bunch of keys he had was wanted; he got up and walked across the room to fetch them, gave them to his daughter, and when lying down again asked her some questions regarding her health, and before she had time to reply his head fell back on the pillow and he was dead.

Thus suddenly, in the midst of active professional work, passed away one who has for about thirty years been a conspicuous figure in the medical world of Brighton, a physician who was widely known and as widely loved and trusted by his patients, a generous hearted, highly honourable professional brother, a thorough homœopathist, and a careful and successful practitioner.

Dr. Hilbers was the youngest son of H. G. Hilbers, Esq., and Diana, daughter of Sir T. Whichcote, Bart. He was born in London, June 16, 1818. His early education was obtained at Totteridge, where he acquired that taste for classical literature which never left him. To the last, his favourite Horace was his daily companion. Having determined on entering the medical profession, he became a student at Guy's Hospital. His course of study being completed, he was admitted a member of the Royal College of Surgeons in 1841, and, in the following year, obtained the license of the Apothecaries Company.

In 1843 he commenced practice at Upton, in Cheshire. Whilst there he formed a friendship with the late Dr. Chapman, then practising in Liverpool. Dr. Hilbers' wife was, at this time, suffering from an obstinate form of neuralgia, and it was the rapidity and completeness with which Dr. Chapman cured her, through homœopathy, that made him determined to give the subject that thorough study and clinical investigation the results of which led to his becoming a staunch defender and accomplished practitioner thereof.

In 1845 he gave up his country practice, took his degree of doctor of medicine at the University of St. Andrews, and at once proceeded to Vienna to study homœopathy under Fleischmann. During his stay in that city he communicated an analysis of the annual report of the Hospital of the Sisters of Charity at Linz—the patients in which were under the care of Dr. Reiss a well-known homœopathic physician at that day—to the *British Journal of Homœopathy*. To this he added some observations on the position of homœopathy in Vienna, on the condition of the Linz hospital, on the kind of diseases admitted, and the comparative mortality met with in similar cases treated homœopathically and under the old system.

On his return to England he settled in practice at Norwich, where he remained eighteen months, leaving to succeed Dr. Chapman in Liverpool. During his residence in Norwich, the death of Dr. Lubbock rendered vacant one of the appointments of physician to the Norfolk and Norwich Hospital. Hilbers at once offered himself as a candidate. In his address to the governors he gave a brief account of the spread of homœopathy among the members of the medical profession, and instanced a few examples of its superiority over the ordinary methods of treatment. Out of this contest, we believe it was, that arose a

series of letters relating to homœopathy, which appeared from his pen in *The Provincial Medical and Surgical Journal* of the day. This was the first occasion on which a physician, openly practising homœopathy, became a candidate for an honorary appointment in an established hospital.

In Liverpool he acquired a large practice during his seven years' residence there, one result of which was a serious breakdown in his health. More with the hope of a possible recovery than with any other object he went to Brighton in 1854. There he established himself in practice, and, as his health rapidly improved, he was able to throw himself into his work with a good deal of energy. Here he lived and laboured until, on the 30th of October, when he was, as we have described, suddenly called away in the 66th year of his age.

It would be no easy task to form a precise estimate of Hilbers as a physician. He belonged to a type of medical men but rarely met with now-a-days. It was a certain indefinable shrewdness, an almost intuitive knowledge of disease which led him to right conclusions rather than any cultivation of the more precise methods of enquiry pursued at the present time. He was an excellent illustration of the good effects of the old apprenticeship system of medical education upon a young man of naturally quick observation and perceptive powers, which had been well trained and developed previously to his entering the surgery. He was a singularly acute observer, not only of the phenomena of disease, but of character. He understood his patient as well as his patient's malady. Free from anything like affectation he impressed those who consulted him with a consciousness of his power, he made manifest a full sympathy with them in their sufferings and oftentimes their circumstances, and it was a sympathy which was thoroughly real; he felt all and often more than all he seemed to feel. When to this we add his careful daily study of the Materia Medica and his scrupulous adhesion to homœopathy, his success as a physician is readily accounted for.

Deep has been the grief expressed in Brighton among all classes of society at his death—*multis ille bonis flebilis occidit.* His hospitality, his conversational powers, his quaintly and strongly expressed convictions, his ready wit and humour, his fund of anecdote, his wide reading on all topics of public interest, his kind and generous sympathy with many in their hours of trial—apart from his medical skill—rendered him one of the most popular characters in that much frequented watering place. How highly appreciated he was has been manifested by numerous expressions of sympathy with his sorrowing widow and children, and the several touching references to his career in the local newspapers, one of which, referring to his burial in Preston parish churchyard, says :—

"In this great town, on these cliffs where so many notable

personages have passed in panoramic succession, the personality of the late Dr. Hilbers was distinctly marked. None was more extensively known, and none will be recalled with a wider sympathy or a deeper regret. Nor can the day be ever forgotten when, in the grey atmosphere of late autumn, but with golden clusters of leaves still adorning the trees, the solemn funeral procession passed along that magnificent road which bounds the new Park, whilst the graceful tribute of abundant flowers testified to universal respect and affection!

"All present felt, no doubt, that a kind friend, a benevolent and upright man, would be seen amongst them no more.

"And now the interesting mediæval church, which contrasts so strongly with the streams of new buildings, ever flowing out from the great town, will have one attraction more for many a pilgrim who remembers with affection the kind and steadfast friend, no less than the distinguished professor of medical science."

Dr. Hilbers is succeeded in his practice by Dr. Hale, who has recently been obliged to leave London on account of his health, It is a coincidence, not a little singular, that it was to Dr. Hale that he introduced his patients when leaving Norwich thirty-five years ago.

MAJOR LEFFLER.

Our readers will have seen in the obituary of the *Times*, of the 12th and 13th September, the death, after a short illness, of Major Leffler, of 11, York Place, a representative of the celebrated Swedish movement cure of Ling. The major had the reputation of having been eminently successful in the treatment of some chronic diseases. His death will, we have reason to believe, be deplored by a large circle of friends and patients who have benefited by his treatment. Miss Leffler-Arnim, his daughter, intends to continue, as heretofore, the treatment of ladies and children, and will doubtless retain the confidence that was extended to her during her father's lifetime.

CORRESPONDENCE.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—Having been engaged in the preparation of homœopathic medicines for a quarter of a century, perhaps you will allow me to make a few remarks upon "high dilutions." I have been a diligent reader of homœopathic literature, and my mind has often wavered between faith and doubt in the efficacy of high dilutions, as I have read of more or less striking cases in which cure has been attributed to their use. But I have been particularly struck with a paper in the October number of the *British Journal of Homœopathy* on diphtheria, by Dr. Villers, of

St. Petersburg; and it has been the reading of this that has prompted these observations. The fact of the 30th dilution of *cyanuret of mercury* having proved effectual in the cure of nearly 200 cases of such a disease as diphtheria ought to be sufficient to convince the most sceptical, and to establish the fact, if such proof were wanting, of the actual curative power of the 30th dilution. But I should like to know whether Dr. Villers is quite sure that he was actually using the 30th dilution; did he ever make such a dilution himself, and does he really know and appreciate what it implies? Unless there can be absolute reliance placed in the integrity of the preparations used, especially of the high dilutions, the cases that are quoted and statistics compiled therefrom are worse than useless. Now I do not wish to imply that the homœopathic chemists of this or other countries are not honest; I believe most of them are thoroughly honest and deserving of confidence; and being entirely convinced of the truth and value of homœopathy, the preparations they produce are actually what the labels declare them to be. But in the September number of the *Homœopathic World*, Dr. Ussher speaks of a homœopathic chemist who made the 200th by "giving about 50 jerks on the palm of the hand!" and of another chemist (or perhaps the same) who supplied him with what professed to be *alumina* 30 and *sabina* 200, which preparations were evidently not honestly prepared. In the *British Journal of Homœopathy* for January, page 70, we read of a number of American homœopathic pharmacists having been detected in disreputable tricks sufficient to destroy confidence in all their preparations. Again, I know that in some parts of this country, the purchaser can be supplied with what purports to be homœopathic medicine, of any strength, at a moment's notice; and probably all filled out of the same bottle. From these facts it behoves those who use homœopathic medicines, the higher dilutions especially, to be very particular where they obtain them; and a very grave responsibility also rests with those manufacturers desirous of producing reliable preparations, as in making a dilution, the omission to put the required drops into the next bottle could never be detected; or the accidental or careless use of a dirty bottle or cork might vitiate the integrity of a whole series of preparations otherwise honestly and carefully made. If, as in the cases of diphtheria before mentioned, the 30th dilutions are so valuable, any remissness in their manufacture might cost a great many lives, in addition to bringing the remedy, and, indeed, the whole system of homœopathy into disrepute. I have never made a 200th dilution, but believe they are carefully and exactly made by some in this country and in America; but let those who wish to prescribe Jenichesis or Lehrmann's potencies read the process of their manufacture as described in "Dudgeon's Lectures," and if they do not then discard them they ought to do.

Of c.m.'s (Swan) or (Fincke), &c., I have nothing to say, except that after reading the method of their production, I am not astonished to find they are chiefly in favour with those who use *lac felinum*, *luna*, or Count Mattei's medicines.

I am yours, &c.,

F. Foster.

St. Nicholas Street, Scarboro',
October 23rd, 1883.

[We would remind our correspondent that Dr. von Villers did not commence his observation with the 30th, but with the 6th dilution. He says: "When I had observed a sufficient number of cases to assure me of the specific character of the *cyanuret of mercury* I abandoned the dose I had hitherto used and gradually went beyond the 6th dilution. In this manner I got up to the 30th and remained there, having only gone beyond it on one occasion. The result of my investigations was to convince me that the higher the dilution the more precise was the action of the medicine. Since I have adopted exclusively the 30th dilution, I have observed that the diphtheric exudation disappears in a somewhat shorter time than with the 6th or 12th." Dr. von Villers, we may add, is known, and has been known for many years as a thoroughly trustworthy and cautious observer.—Eds. *M.H.R.*]

AN ENQUIRY AS TO THE PLACE WHERE IMPREGNATION OF THE HUMAN OVUM OCCURS.

To the Editors of the "Monthly Homœopathic Review."

Gentlemen,—As the time remaining of the Congress compelled considerable abridgment of my paper, and of the debate upon it, will you allow me a small space for a few remarks upon the subject of it?

When fresh spermatic fluid was placed upon a glass slide, *without a cover being placed over it*, and was viewed under the microscope, it was seen that the spermatozoa moved with the greatest activity amongst themselves in the spermatic fluid which surrounded them, that although they were in constant motion they did not move out of the area in which they were placed; the reason, I suppose, that they had not the capability of changing their locality was that they had not the power to do so. To effect this they needed feet, or a moving power such as

worms possess; as no such motion took place, we may infer that they did not possess either of these modes of progression, a conclusion which is further supported by the microscopic appearance of the spermatozoon.

A writer in the *Encyclopædia Britannica*, vol. xvii., p. 688, says: "In mammals especially, when watching them (the spermatozoa) under the microscope, they progress through the fluid with their heads forward, propelled by constant vibratile lashings of their tails." This observation appears opposed to mine, but this, I think, can be explained by this, that a cover must have been placed over the spermatic fluid; this, and the glass beneath, formed a capillary space, and this rendered the motion of the tails effectual in producing change of place for the spermatozoa, if this be the explanation it corroborates the view that a capillary space is necessary for the movement of the tails to be effective.

The fluid appears in this case to have been of use in assisting the movement, and supports the view given (page 687-8) that it may be by this means that the spermatozoa reach the fallopian tubes, the tails working their way in a manner analogous to that by which a screw propeller makes its way in the water by forming a kind of female screw in the fluid, the secretion from the vagina during the copulative act may therefore aid in the spermatozoa reaching the os uteri, after which the capillary nature of the cervical canal will carry them to the entrance of the body of the uterus.

In the normal state, the spermatozoa can only reach as high as the canal reaches, and hence the point in the uterus at which impregnation takes place must be at the top of the canal. I say in the normal condition of things, from what we have seen, I think it possible that if the uterus be full of fluid the spermatozoa may by means of it reach the fallopian tube, and entering it fecundate the next ovum which comes in contact with them, thus producing abdominal or tubal pregnancy. In this case the fluid must be of such a character as not to destroy the spermatozoa.

Most of the conclusions arrived at by physiologists have been the result of observations upon inferior animals, but do these bear an analogy to what occurs in the woman? Here, in regard to the gravid uterus, it is enclosed in a part of its development in a bony surrounding, and eventually rises into the abdomen; with the inferior animals it has no bony surrounding, it is always in the abdomen. Then the position of the uterus is in them uniformly horizontal, in the woman it is vertical and horizontal, but the chief part of the time it is vertical; these changing positions necessitate other changes, which render it necessary in comparing the two classes to exercise great caution.

Would it not have exposed the woman to fewer risks if the fimbræ had been perfectly fixed to the ovaries, as is the case with many of the lower animals? Does not the fact that this is not done show that it was not intended for the fecundation to take place at the ovary? Does it not show a departure from the skill and design universally displayed by the Great Artificer to suppose that He would subject his favourite creature, woman, to the danger consequent upon this arrangement, and that, especially, when she was carrying out His law, "Increase and multiply?" Again, is it not a waste of power, of which we find nature so chary, to send the spermatozoa up to the ovary to perform an office which could be as well, if not better done in the uterus, to which the ovum must ultimately come. But in the inferior animals which have many fœtuses at a birth, and have bifid uteri, it is of great consequence that the impregnation should take place at the ovaries, for in both uteri the ova have to be placed one before the other, hence it is necessary that the germs of them should be impregnated at the same time. Now, if impregnation took place in the woman at the ovary, she ought to have many more triplets than she has. Why should she have single births at all if the ovaries are the seat of fecundation? We must suppose that the semen only enters one fallopian tube—why should it not enter both and produce at least twin pregnancies? That these are so few is a proof that the impregnation in the woman cannot occur there.

Now, if the spermatozoa can only rise in a capillary tube, when they reach the top of the cervical canal they can go no higher. Here, being in contact with a living structure, they will maintain their vitality for a long time. The first ovum, therefore, that reaches the top of the canal will be fecundated, and thus the prevalence of single births can be accounted for. If more ova than one come down it is probable that the one which is first fecundated has expended upon it all the influence of the spermatozoa, and that it is only when two reach the top of the cervical canal at the same time, or when there is an excess of spermatic fluid, that twin pregnancies can take place; the same rule applies when more than two are fecundated.

That part of the uterus, therefore, where the fecundation of the ovum takes place is, I humbly submit, at the top of the cervical canal.

I must not further trespass upon your space but to subscribe myself your obliged servant,

THOS. ENGALL.

London, Nov. 15th, 1888.

NOTICES TO CORRESPONDENTS.

*** *We cannot undertake to return rejected manuscripts.*

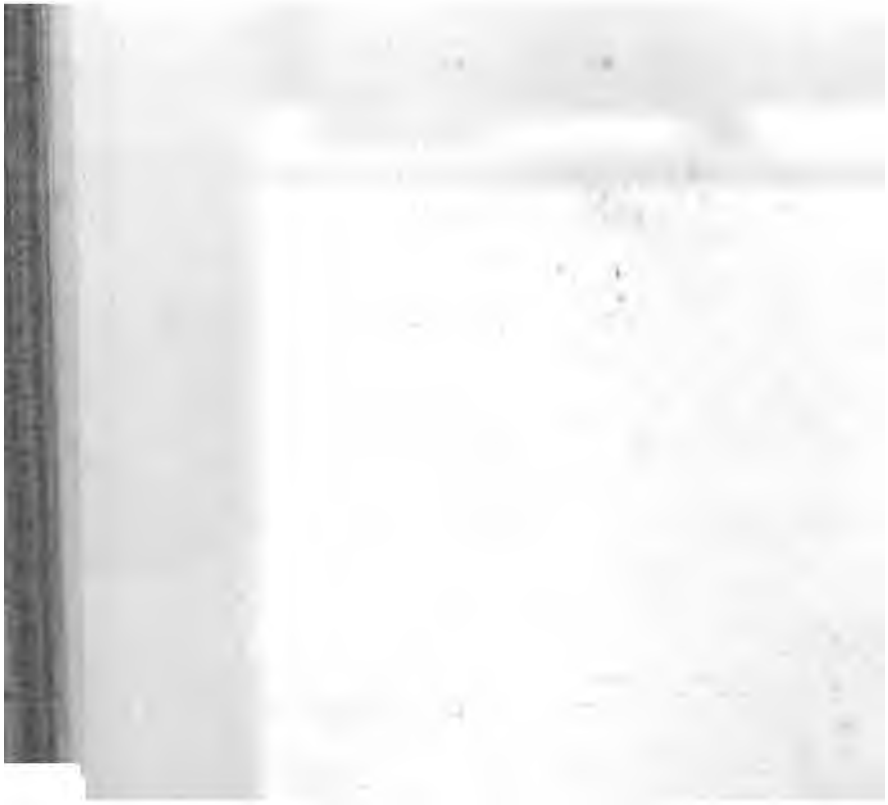
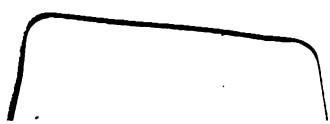
THE PRESIDENT OF THE BRITISH HOMŒOPATHIC SOCIETY requests us to state that he has received a paper from the North, in which an advertisement is marked to which the sender objects as unprofessional. The gentleman responsible for the advertisement is not a member of the Society, and therefore the President has no control over his actions. The gentleman who sent the paper would have received a private note to this effect, but as he gave no address, beyond the name of the town from which he wrote, it is possible that a letter sent to him has not reached him.

FRENCH CORRESPONDENTS.—We wish to suggest to the publishers of foreign journals who exchange with us that we have reason to believe that we frequently fail to receive them, owing to the very fragile character of the wrapping. Last month we received the wrapper of the *Bibliothèque Homœopathique*, but no journal! It had escaped from its delicate surroundings!

Communications, &c., have been received from Mr. ENGALL (London); Miss LEFFLER ARNIM (London); Dr. MARKWICK (London); Dr. HUGHES (Brighton); Dr. DRURY (Bournemouth); Dr. HAYLE (Rochdale); Dr. ALFRED DRYSDALE (Mentone); Dr. GOLDSBROUGH (London); Dr. DUDGEON; Dr. MARKWICK (London); Dr. HUGHES; Dr. BELCHER; The Rev. G. C. HILBERS; Dr. HALE (Brighton); Dr. DRURY (Bournemouth); Dr. BLUMBERG (Southport); Dr. GALLOWAY (Sunderland); Dr. PRÖLL (Nice).

We understand that Dr. Alfred Drysdale, son of our esteemed colleague in Liverpool, having obtained a French Diploma, has commenced practice at Mentone. His address is Ville Tramu, Rue Partouneaux, Mentone.

BOOKS RECEIVED.

The Family Homœopathist. By E. B. Shuldham, M.D. 6th edition. Gould & Son.—*The Philanthropist.*—*The United States Medical Investigator.*—*Therapeutic Gazette.* (Nov.) Detroit.—*Boletin Clinico.* Madrid.—*Calcutta Journal of Medicine.*—*Homöopatische Rundschau.* Leipzig.—*Thirty-first Annual Report to the Council of the City of Manchester on Public Free Libraries.*—*The Dietetic Reformer.*—*L'Art Medicale.*—*Bibliothèque Homœopathique.*—*New England Medical Gazette.*—*North American Journal of Homœopathy.*—*Boericke & Tafel's Quarterly Bulletin.*—*A Retrospect of Homœopathy and Allopathy.* By Hugh Hastings, M.D. London: Hom. Pub. Co., 2, Finsbury Circus, E.C. 1883.—*The British Journal of Homœopathy.*—*The Homœopathic World.*—*The Students' Journal and Hospital Gazette.*—*The Chemist and Druggist.*—*The Monthly Magazine of Pharmacy.*—*The New York Medical Times.*—*The American Homœopath.*—*The Hahnemannian Monthly.*—*The Clinique.*—*The American Observer.*—*The St. Louis Clinical Review.*—*The Medical Advance.*—*Revue Homœopathique Belge.*—*Allgemeine Homöopathische Zeitung.*—*Rivista Omiopatica.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W., or to Dr. KENNEDY, 16, Montpelier Row, Blackheath, S.E. Advertisements and Business communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.